



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000162206		2. Name of Corporation Bergmeyer Architectural Professional Corporation			
3. Street Address Principal Business Office 51 Sleeper Street			City Boston	State MA	Zip 02210
4. Business Phone No. 617-542-1025		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island to provide architectural or similiar or related services including planning, consulting and designing					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David Turbridy			Vice President Name None		
Street Address 68 Bubier Road			Street Address		
City Marblehead	State MA	Zip 01945	City	State	Zip
Secretary Name Lewis Muhlfelder Jr.			Treasurer Name David Turbridy		
Street Address 27 White Avenue			Street Address 68 Bubier Road		
City Newton Center	State MA	Zip 02459	City Marblehead	State MA	Zip 01945
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David Turbridy			Director Name		
Street Address 68 Bubier Road			Street Address		
City Marblehead	State MA	Zip 01945	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
275,000	Common	No par value	100	Common	No par value
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	MAR 17 2008
Check No.	1865
By	By
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

David Turbridy 3/11/08
Signature Date

David Turbridy
Print or Type Name
President
Title