

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

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-subject to a penalty fee of \$25.00.	1501(e), each corporation f	ailing or refusing to file its ann	ual report within thirty (30	l) days after the time prescribed by law	(R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 106024	2. Name of Corporation Payette Associates Inc.				
3. Street Address Principal Business Office 285 Summer Street			City Boston	State MA	02210
4. Business Phone No. 5. State of Incorporation 617-895-1000 Massachusetts					
6. Brief Description of the Character Architecture	of Business Conducted in I	Rhode Island			
7. NAMES AND ADDRESSES President Name James H. Collins, Jr.	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) TILL I Vice President Name Roberta F. Hane		ATTACHMENTS
Street Address 285 Summer Street			Street Address 285 Summer Street		
Cuy Boston	State MA	^{Zip} 02210	City Boston	State MA	^{Ζίρ} 02210
Secretary Name Roberta F. Haney			Treasurer Name Roberta F. Haney		
Street Address 285 Summer Street			Street Address 285 Summer Street		
City Boston	State MA	^{Zip} 02210	City Boston	State MA	^{Zip} 02210
8. NAMES AND ADDRESSES Director Name James lan Adamson	OF THE DIRECTOR	S: ("X" BOX FOR AT	ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name Robert J. Schaeffner, Jr.		
Street Address 285 Summer Street			Street Address 285 Summer Street		
City Boston	State MA	<i>Zip</i> 02210	City Boston	State MA	<i>Ζip</i> 02210
Director Name Kevin B. Sullivan			Director Name none		
Street Address 285 Summer Street			Street Address		
City Boston	State MA	^{Zip} 02210	City	State	Zip
9. SHARES AUTHORIZED	1	•	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently	v of record in the Off	ice of the Secretary of	Number of Shares	Class/Series	Par Value
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			3531	Common	0
			279	Preferred	0
This report must be executed	l on behalf of the cor	poration by an authoriz	ed representative. If t	he corporation is in the hands	s of a receiver or trustee,

this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	1-30-09
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Check No	M 22 A
Ву:	
FC	OR 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. Signature ROBERTA

Form 630 Rev. 08/08