



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. 136948 | | 2. Name of Corporation Mostue & Associates Architects, Inc. | | | |
| 3. Street Address Principal Business Office 240A Elm Street 3 RD FLOOR | | City SOMERVILLE | State MA | Zip 02144 | |
| 4. Business Phone No. (617) 628-5700 | | 5. State of Incorporation MASS | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name BROOKS A. MOSTUE | | Vice President Name CLIFFORD J. BOEHMER | | | |
| Street Address 53 BEDFORD ROAD | | Street Address 48A RICE STREET | | | |
| City LINCOLN | State MA | Zip 01773 | City CAMBRIDGE | State MA | Zip 02140 |
| Secretary Name ROSS A. SPEER | | Treasurer Name ROSS A. SPEER | | | |
| Street Address 18 TAFT AVENUE | | Street Address 18 TAFT AVENUE | | | |
| City LEXINGTON | State MA | Zip 02421 | City LEXINGTON | State MA | Zip 02421 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name BROOKS A. MOSTUE | | Director Name | | | |
| Street Address 53 BEDFORD ROAD | | Street Address | | | |
| City LINCOLN | State MA | Zip 01773 | City | State | Zip |
| Director Name ROSS A. SPEER | | Director Name | | | |
| Street Address 18 TAFT AVENUE | | Street Address | | | |
| City LEXINGTON | State MA | Zip 02421 | City | State | Zip |
| 9. SHARES AUTHORIZED 200000 COMM NO PAR VALUE | | | | | |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | | |
| Number of Shares 20,000 | | Class/Series COMMON | | Par Value NO PAR | |
| 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. | | | | | |

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
APR 29 2009
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CORPORATIONS DIV
STATE

File Date _____
Check No. _____
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.

Signature
ROSS A. SPEER
Print or Type Name
SECRETARY / TREASURER
Title