

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 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

2009

1. Corporate ID No. 154884		2. Name of Corporation Domenech Hicks & Krockmalnic, Inc.				
8. Street Address Principal Business Office 54 Canal Street, Suite 200			City Boston	State MA	<i>Ζίρ</i> 02114	
4. Business Phone No. 5. State of Incorporation MA						
6. Brief Description of the Char Architecture, Interior Do	esign, and Planning	3	_			
. NAMES AND ADDRE President Name Fernando J. Domene		CERS: ("X" BOX FOR ATTA	CHMENT) [] FILL II Vice President Name	N SPACES BEFORE USING	ATTACHMENTS	
Street Address 161 Warren Avenue			Street Address			
_{ंगु} Boston	State MA	^{Ζιμ} 02116	City	State	Zip	
Secretary Name Arnold M. Krockmalnic			Treasurer Name D. Michael Hicks			
Street Address 37 Beaumont Avenue			Street Address 54 Selwyn Road			
City Newton	State MA	02460	City Belmont	MA	^{Ζιρ} 02478	
8. NAMES AND ADDRE Director Name Fernando J. Domene		CTORS: ("X" BOX FOR ATT	TACHMENT) FILL Director Name D. Michael Hicks	. IN SPACES BEFORE USIN	G ATTACHMENT	
Street Address 161 Warren Avenue			Street Address 54 Selwyn Road			
City Boston	State MA	^{//ip} 02116	City Belmont	State MA	Ζώ 02478	
Director Name Arnold M. Krockmalnic			Director Name Alberto Cardenas			
Street Address 37 Beaumont Avenue			Street Address 1050 Beacon Street			
City Newton	State MA	^{Zip} 02460	City Newton	State MA	^{Zip} 02459	
9. SHARES AUTHORIZ	ED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Value	
			15,000	common	no par	
		ne corporation by an authorize corporation by the receiver		ne corporation is in the hand	Is of a receiver or	
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<u> </u>		
File Date _	FILED	
Check No.	MAY 01 2009 ,	
Ву:	OR SECRETANT OF STATE USE ONLY	199

Under penalty of perjury, I declare and	
including any accompanying schedules contained herein are true and correct.	_
	28 AM 2009
Signature	Date
D. Michael Hicks	
Print or Type Name	
Treasurer	
Title	