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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 2009

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	2. Name of Corporation			
000123372	Kallmann McKinnell & Wood			
3. Street Address Principal Business Office		City	State	Zip
161 Newbury Street		Boston	MA	02116
4. Business Phone No.	5. State of Incorporation			
617 267-0808	MA			

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Theodore Szostkowski					
Street Address			Street Address		
45 Munroe Street					
City	State	Zip	City	State	Zip
Lexington	MA	02421			
Secretary Name			Treasurer Name		
John Reed			Bruce A Wood		
Street Address			Street Address		
116 Tappan Street			55 Meadow Street		
City	State	Zip	City	State	Zip
Boston	MA	02146	Roslindale	MA	02131

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Michael McKinnell					
Street Address			Street Address		
274 Beacon Street					
City	State	Zip	City	State	Zip
Boston	MA	02116			
Director Name			Director Name		
Bruce A Wood					
Street Address			Street Address		
55 Meadow Street					
City	State	Zip	City	State	Zip
Roslindale	MA	02131			

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
240	Common	none

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.

[redacted]

FILED

MAY 19 2009

By [signature]

File Date	09-89817
Check No.	
By:	

FOR SECRETARY OF STATE USE ONLY

34171-2-358310

[redacted]

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] 5-19-09

Signature *Date*

Bruce A Wood

Print or Type Name

President

Title

Form 630 Rev. 08/08