



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. 000123372		2. Name of Corporation Kallmann McKinnell & Wood Architects inc			
3. Street Address Principal Business Office 181 Newbury Street			City Boston	State MA	Zip 02116
4. Business Phone No. 617-267-0808		5. State of Incorporation 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 Theodore Szostkokowski			Vice President Name		
Street Address 45 Munroe Street			Street Address		
City Lexington	State MA	Zip 02421	City	State	Zip
Secretary Name John Reed			Treasurer Name		
Street Address 116 Tappan Street			Street Address		
City Boston	State MA	Zip 02146	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael N McKinnell			Director Name Theodore Szostkowski		
Street Address 274 Beacon Streeg			Street Address 45 Munroe Street		
City Boston	State MA	Zip 02116	City Lexington	State MA	Zip 02421
Director Name Bruce A Wood			Director Name		
Street Address 59 Mendum Street			Street Address		
City Roslindale	State MA	Zip 02131	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 240	Class/Series Common	Par Value 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.

FILED

MAY 19 2009

By *[Signature]*
29-89817

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

Date

Bruce A Wood

April 30, 2009

Print or Type Name

Treasurer

Title

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY