

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

2005

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 Corp Kallmann	2. Name of Corporation Kallmann McKinnell & Wood Architects inc				
3. Street Address Principal Business Office 181 Newbury Street			^{City} Boston	State MA	<i>Ζψ</i> 02116	
4. Business Phone No. 5. State of Incorporation MA						
6. Brief Description of the Char	racter of Business Condu	ted in Rhode Island				
7. NAMES AND ADDRE. President Name	SSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT) TILL IN	SPACES BEFORE USING	ATTACHMENTS	
Theodore Szostkokw	rski		vice I rediment Turne			
Street Address 45 Munroe Street			Street Address			
City Lexington	State MA	^{Zip} 02421	City	State	Zip	
onn Reed		Treasurer Name				
Street Address 116 Tappan Street			Street Address			
City Boston	State MA	^{Ζiμ} 02146	City	State	Zip	
	SSES OF THE DIRI	ECTORS: ("X" BOX FOR ATT	, –	IN SPACES BEFORE USIN	G ATTACHMENTS	
Director Name Michael N McKinneil			Director Name Theodore Szostkowski			
Street Address			Street Address 45 Munroe Street			
274 Beacon Streeg	State	Zip	City	State	Zip	
Boston	MA	02116	Lexington	MA	02421	
Director Name Bruce A Wood	***************************************	***************************************	Director Name	•••••••••••••••••••••••••••••••••••••••		
Street Address 59 Mendum Street			Street Address			
City Roslindale	State MA	<i>χφ</i> 02131	City	State	Zijo	
9. SHARES AUTHORIZI	ED	•		D ("X" BOX FOR ATTAC	· -	
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 MUST BE COMPLETED			
			Number of Shares	Class/Series	Par Value	
			240	Common	None	
_		he corporation by an authorize		e corporation is in the hand	ls of a receiver or trustee.	
this report must be exec	uted on behalf of th	e corporation by the receiver	or trustee.			
		FILED				
		MAY 19 2009	including arry ac		that I have examined this report atements, and that all statement	
File Date		By (201)		In- hour		
]		129-89817	Signature	\	Date	
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Check No			Bruce A \ Print or Type Na		Apri 30, 2009	
Ву:	OF STATE USE ONLY			me	Арн 30, 2009	