

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 2010

401.222.30Filing 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. 105972 | 2. Name of Corporation Rhinebeck Architecture & Planning, P.C | | | | |
|--|---|--|--|--|---|
| 3. Street Address Principal Business Office 2 Williams Street | | | Providence | State RI | Ζίρ 02903 |
| 4. Business Phone No. 5. State of Incorporation NEW YORK | | | | | |
| 6. Brief Description of the Character ARCHITECTURE AND PLA | | Phode Island | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name John Sharkey AIA | | | ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Phillip Zemke AIA | | |
| Street Address 21 East Market Street | | | Street Address Same | | |
| City Rhinebeck | State NY | Ζψ 12572 | City | State | Zip |
| Secretary Name Phillip Zemke AIA | | | Treasurer Name John Sharkey AIA | | |
| Street Address Same | | | Street Address Same | | |
| City | State | Zip | City' | State | Zip |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name N/A Street Address | | | • | | |
| City | State | Zip | | , | 5 3 S |
| Director Name | Since | 2.47 | City Director Name | State | R SING |
| N/A Street Address | | | N/A PA | | |
| SUCCE MATES | | | Street Address | | 2 |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | 1 | 1 | | D <i>("X" BOX FOR ATTACE</i> Section <u>must</u> be completed | HMENT) [|
| 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 |
| | | | 200 | common | no par |
| This report must be executed this report must be executed or | on behalf of the corpon behalf of the corpo | oration by an authorize oration by the receiver of | d representative. If the or trustee. | corporation is in the hand | s of a receiver or trustee, |
| | | FILE | including any acc | companying schedules and sta | hat I have examined this report tements, and that all statements |
| File Date | | FEB 17 2 | ulu thula | are true and carrect. | 2/5/10 base |
| Check No. | BY. | 111232 | Print or Type Nan | 10 ZENKE | |
| Ву: | | | • • | | |
| FOR SECRETARY OF STA | TE USE ONLY | | SECR# | TARY | |