



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 2011

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. 58929		2. Name of Corporation Azzinaro Larson AIA Architects Inc			
3. Street Address Principal Business Office 85 Beach Street			City Westerly	State RI	Zip 02891-2717
4. Business Phone No. 401-596-6669		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Architect Company					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul A Azzinaro			Vice President Name Paul E Larson		
Street Address 85 Beach Street			Street Address 3 Emerald St		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Paul Azzinaro			Treasurer Name Paul Azzinaro		
Street Address 85 Beach Street			Street Address 85 Beach Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul A Azzinaro			Director Name		
Street Address 85 Beach Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	No Par Value		800	Common	No Par Value
			THIS SECTION MUST BE COMPLETED		

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.

File Date **FILED**
Check No. **JAN 20 2011**
By: **9149**
BY FOR SECRETARY OF STATE USE ONLY

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 **[Signature]** Date **1/3/11**
Print or Type Name **Paul A Azzinaro**
Title **President**