

1. Corporate ID No. 000103652

File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

3. Street Address Principal Business Office 543 MASSACHUSETTS AVE

A. Ralph Mollis, Secretary of State Corporations Division

01720

148 W. River Street

Providence. RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

2. Name of Corporation
OMR ARCHITECTS INC

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.

City ACTON State MA

4. Business Phone No. 978-264-0160		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL ROSENFELD			Vice President Name		
Street Address			Street Address		
389 GARFIELD RD					2
CONCORD	State MA	^{Ζip} 01742	City	State	Zφ
Secretary Name MARTIN KRETSCH			Treasurer Name MARTIN KRETSCH		ë BEED
Street Address 84 LEESON LANE			Street Address 84 LEESON LANE		γ
City NEWTON	State MA	^{Ζίρ} 021 59	City NEWTON	State MA	<i>Σ</i> φ 02159
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			MICHAEL ROSENFELD		22 _ $_{\circ}$
MARTIN KRETSCH					
Street Address 84 LEESON LANE			Street Address 389 GARFIELD RD		
City	State	Zip	Сйу	State	Ø £≅in
NEWTON	J MA	02159	CONCORD	<u> MA</u>	017425
Director Name			Director Name		Z N S C S S S S S S S S S S S S S S S S S
Street Address			Street Address		AIE 33
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			1500	CWP	1500
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.					
Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement					

contained herein are true and correct.

MARTIN KRETSCH

Signature

Title

Print or Type Name
TREASURER

10:05

Form 630 Rev. 08/08