RI SOS Filing Number: 201179196910 Date: 05/23/2011 4:00 PM

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.	2. Name of Corporation			
000103652	OMR ARCHITECTS INC			
3. Street Address Principal Business Office		City	State	Zip
543 MASSACHUSETTS AVE		ACTON	MA	01720
4. Business Phone No.	5. State of Incorporation			
978-264-0160	MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island				
ARCHITECTURE				

RECEIVED
2011 MAY 23 AM 10:05
SECRETARY OF STATE
CORPORATIONS DIV

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
MICHAEL ROSENFELD	
Street Address	Street Address
389 GARFIELD RD	
City / State / Zip	City / State / Zip
CONCORD / MA / 01742	
Secretary Name	Treasurer Name
MARTIN KRETSCH	MARTIN KRETSCH
Street Address	Street Address
84 LEESON LANE	84 LEESON LANE
City / State / Zip	City / State / Zip
NEWTON / MA / 02159	NEWTON / MA / 02159

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
MARTIN KRETSCH	MICHAEL ROSENFELD
Street Address	Street Address
84 LEESON LANE	389 GARFIELD RD
City / State / Zip	City / State / Zip
NEWTON / MA / 02159	CONCORD / MA / 01742
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

RECEIVED
2011 FEB 16 PM 12:33
SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
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.

[redacted]

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.

Matt a Kurt — Feb 14 2011
Signature — *Date*

MARTIN KRETSCH
Print or Type Name

TREASURER
Title

[redacted]

File Date FILED
Check No. MAY 23 2011
By: By 144963
63260-4-500132
FOR SECRETARY OF STATE USE ONLY KMC

10.05

Form 630 Rev. 08/08