

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Stress Providence, RI 02904-261

Form 630 Rev. 08/08

Filing Period: January 1 - March 1 - Filing Fee: \$ In accordance with R.I.G.L. 7-1.2-1501(e), each companying fail.	ぶりりりょうしょく ロヒロ	ART IN ICT OF TURSON A		IN BLACK IN	<i>401.222.3</i> IK,
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation faili ubject to a penalty fee of \$25.00.	ng w rejusing to jite iti a	innual report unthin thirty (30) da	ys after the time prescribed by la	w (R.I.G.L. 7-1.2	-1501(c d d)) i
1. Corporate ID No. 2. Name of Corporation	υ				
116072 The B	allinger C	ompany			
833 Chestant Street	0	Phila	State PA	Zip 191	107
215-446-0900	5. State of Incorporation				<u> </u>
S. Brief Description of the Character of Business Conducted in Rhoc	de Island				
Architecture a Engineer. 7. NAMES AND ADDRESSES OF THE OFFICERS: Corrections Name	144	ACHMENT) FILL IN S	PACES BEFORE USING	ATTA CHMRNI	re
William Gustafson		Vice President Name Edward Jakwauh			
833 Chestrut Street		Street Address 833 Chest nut 81.			
Phila siare PA 2	19107	City Phila	State PA	zip 191	07
Secretary Name frey S. French	***************************************	Treasurer Name			<u>.</u>
833 Chestrut St.		Street Address			
Thila siano AA Zi	19.107	City	Strue	Zip	
1. NAMES AND ADDRESSES OF THE DIRECTORS	CX BOX FOR AT	TACHMENT) 🗆 FILL IN	SPACES BEFORE USING	ATTACHMEN	its .
Jonathan triedan		Director Najpe	steelman		
833 Chestnut Stre		Street Address 833 Ch	restrut Sti	eet	
Phila State PA 24	19107	co Prela	State PA	249	107,
craig Spangler		Director Name	8	س ماه در هرند	
tree Address 822 Chest put &	+	Street Address		- 14	
Trula State PA Zip	19107	Chy	State	Zip	
. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHS	ABNT)	NS C
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 Che	- 23 -
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			Conunon	4 1	
his report must be executed on behalf of the corporation	on by an authorize	I representative. If the corp	poration is in the hands o	f a receiver or	trustee
his report must be executed on behalf of the corporation	on by the receiver o	r trustee,			musice,
	57				
		nicinonity any accomp	ory, I declare and affirm that anying schedules and statem	I have examined	d this repor
le Date		contained herein are to	tie and correct.	2/12/1	··· ··································
oct 1 4 2011		Signature	C C	Date	
By 0/5/5	4354	Print or Type Name	y > trench	·	
FOR SECRETARY OF STATE US ONLY		Title	resident		