



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
401.222.3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporation ID No. 506938		2. Name of Corporation BARTONPARTNERS ARCHITECTS PLANNERS, INC.			
3. Street Address Principal Business Office 700 E. MAIN STREET, 3RD FLOOR			City NORRISTOWN	State PA	Zip 19401
4. Business Phone No. 610-930-2800		5. State of Incorporation PENNSYLVANIA			
6. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURAL SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENT'S					
President Name THOMAS C. BARTON, III			Vice President Name ROBERT W. COGAN		
Street Address 700 E. MAIN STREET, 3RD FLOOR			Street Address 700 E. MAIN STREET, 3RD FLOOR		
City NORRISTOWN	State PA	Zip 19401	City NORRISTOWN	State PA	Zip 19401
Secretary Name ROBERT W. COGAN			Treasurer Name ROBERT W. COGAN		
Street Address 700 E. MAIN STREET, 3RD FLOOR			Street Address 700 E. MAIN STREET, 3RD FLOOR		
City NORRISTOWN	State PA	Zip 19404	City NORRISTOWN	State PA	Zip 19401
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name THOMAS C. BARTON, III			Director Name ROBERT W. COGAN		
Street Address 700 E. MAIN STREET, 3RD FLOOR			Street Address 700 E. MAIN STREET, 3RD FLOOR		
City NORRISTOWN	State PA	Zip 19401	City NORRISTOWN	State PA	Zip 19401
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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. 1,000			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 10	Class/Series COMMON	Par Value N/A

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.

FILED

File Date **FEB 06 2012**
 Check No. **1538**
 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.

Thomas C. Barton, III 2/2/12
 Signature _____ Date _____
Thomas C. Barton, III
 Print or Type Name
President
 Title