

Check No.

FOR SECRETARY OF STATE LISE ONLY

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 2012

Filling Period: January 1 - March 1 • Filling 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(c), each corporation failing or refusing to file in country within thirm (20) In the first thirm (20) In

1. Corporate ID No. 105972	2. Name of Corporation Rhinebeck Architecture & Planning, P.C				
3. Street Address Principal Business Office 2 Williams Street			City Providence	State RI	Zíp 02002
4. Business Phone No. 4013312222	Susiness Phone No. 5. State of Incorporation		1 TOVIDENCE	IXI	02903
5. Brief Description of the Characte ARCHITECTURE AND PL	r of Business Conducted ANNING				
7. NAMES AND ADDRESSE	S OF THE OFFICE	RS: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
John Sharkey AIA Street Address			Phillip Zemke AIA		
21 East Market Street			Street Address Same		
cuy Rhinebeck	State NY	<i>гір</i> 12572	City	State	Zip
Secretary Name Phillip Zemke AIA			Treasurer Name John Sharkey AIA		
ireet Address Same			Street Address Same		
City	State	Zip	City	State	Zip
Director Name N/A Street Address			Director Name N/A Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
. SHARES AUTHORIZED	I	1		 <i>("X" BOX FOR ATTAC</i> CTION <u>MUST</u> BE COMPLETED	
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 Value
			200	common	no par
				*	
This report must be executed his report must be executed	d on behalf of the c	orporation by an authorize	d representative. If the cortrustee	corporation is in the hand	s of a receiver or trust
	<u></u>		Under penalty of p	perjury, I declare and affirm	that I have examined this
	LIN	=		ompanying schedules and st are true and correct.	atements, and that all stat
File Date	トロリ	_	Pain	5	1/24/10