

By:

FOR SECRETARY OF STATE USE 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 20 2 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 105335 316NER HARRIS ARCHITECTS, FNC					
3. Street Address Principal Business Office 46 FARNSWORTH STREET			BOSTON	State M	<sup>Zip</sup> 02210
4. Business Phone No. 617. 757. 73	800	5. State of Incorporation  A			
6. Brief Description of the Character of Business Conducted in Rhode Island PRACTICE OF ARCHITECTURE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  President Name  Vice President Name					
WILLIAM SIGNER HARRIS Street Address			Street Address		
8 ARLINGTON STREET			8 ARUNGTON STREET		
CAMBRIDGE	] MA	02140	CAMBRIDGE	State MM	<sup>2ip</sup> 02140
	VER HARR	15	WILLIAM SIGNER HARRIS		
Street Address —SAME-			Street Address - SAME-		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  Director Name					
WILLIAM SI	MARCHA F	iapris			
8 ARLINGTON STREET			Street Address  9 ARUNGTON STREET		
CAMBRIDGE	State MA	02140	CAMBRIDGE	State UA	Zip Q2140
NONE —			Director Name NONE —		
Street Address			Street Address S D T		
City	State	Zip	City	State	Z1p = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 =
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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 Care
			100	CNP	\$ 0.00
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.					
primaria : - A.					
Under penalty of perjury, I declare and affirm that I have examined this report					
including any accompanying schedules and statements, and that all statements  MAR 1 / 2012 contained hereign are true and correct.					
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File Date		MAR 1 4 2012	THE THE PARTY OF T	M. /3N	Worch 2012
File Date	Y	MAR 1 4 2012 166 211 10:52	Signature (11)	13 N S HAPPI	Mrch 2012 Date S