

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation				
154664	Richter	& Cegan Inc.			
3. Principal office address			City	State	Zip
8B Canal Court			Avon	CT	06001
4. Business Phone No.			5. State of Incorporation		
860.678.0669			Connecticut		
6. Brief description of the character	er of business cond	lucted in Rhode Island		<u> </u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
To practice Lands	scape Archi	tecture			
TO BELLEVIA	and Paralysies of				
President Name			Vice-President Name		
William C. Richter			Michael A. Cegan		
Street Address			Street Address		
8B Canal Court			8B Canal Court		
City	State	Zip	City	State	Zip
Avon	СТ	06001	Avon	CT	06001
Secretary Name			Treasurer Name	•	
Michael A. Cegan			William C. Richter		
Steet Address 8B Ganal Court			Street Address 8B Canal Cou		
City	State	Zip	City	State	Zip
Avon	CT	06001	Avon	CT	96001
HIST/HE DIRECTORS IN TO		and and the solutions of the	Sakesinian Bah		
Director Name William C. Richter			Director Name Michael A. Cegan		
Street Address			Street Address		
8B Canal Court			8B Canal Court		
City	State	Zip	City	State	Zip
Avon	CT	06001	Avon	СТ	06001
Director Name			Director Name		
Gary Guimond			Richard S. Conary		
Street Address			Street Address		
8B Canal Court			8B Canal Court		
City	State	Zip	City	State	Zip
Avon	CT	06001	Avon	CT	06001
Perince din Chiaring			WE PARISSISSUED	(X BOX FOR A FIAGE	MENT) PAR DOS
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
			160	Common	No
			160	Common	_ No
			40 40	Common Common	No No
This report must be executed on	behalf of the corpo	ration by an authorized	d representative. If the co	orporation 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

JAN 2 4 2013

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, that all statements contained herein are true and correct.

Signature of Authorized Representative Michael A. Cegan

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012