



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 **2014**

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. <b>504040</b>		2. Exact name of the Corporation <b>Land Development Design Collaborative, Inc.</b>			
3. Principal office address <b>79 Highland Avenue</b>		City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	
4. Business Phone No. <b>508-558-3134</b>		5. State of Incorporation <b>MA</b>			
6. Brief description of the character of business conducted in Rhode Island <b>We are a full service land development, design and engineering firm.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Michael D. Farias</b>		Vice-President Name <b>none</b>			
Street Address <b>79 Highland Avenue</b>		Street Address <b>none</b>			
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Secretary Name <b>Michael Farias</b>		Treasurer Name <b>Michael Farias</b>			
Street Address <b>79 Highland Avenue</b>		Street Address <b>79 Highland Avenue</b>			
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>none</b>		Director Name <b>none</b>			
Street Address <b>none</b>		Street Address <b>none</b>			
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>		Director Name <b>none</b>			
Street Address <b>none</b>		Street Address <b>none</b>			
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>\$ 1500</b>	<b>CWP</b>	<b>\$1.0000</b>

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

**FILED**

**JAN 21 2014**

By **49-215117**

**A-A 10:52 A.M.**

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.

*Michael D. Farias*  
Signature of Authorized Representative

**1-16-2014**  
Date

**Michael D. Farias**

Print or Type Name of Authorized Representative