



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

2014

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. 000503225		2. Exact name of the Corporation Newman Architecture, PC			
3. Principal office address 300 York St			City New Haven	State CT	Zip 06511
4. Business Phone No. 203.772.1990		5. State of Incorporation CT			
6. Brief description of the character of business conducted in Rhode Island The practice of architecture					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Herbert S. Newman			Vice-President Name Joseph Schiffer		
Street Address 300 York St			Street Address 300 York St		
City New Haven	State CT	Zip 06511	City New Haven	State CT	Zip 06511
Secretary Name Herbert S. Newman			Treasurer Name Herbert S. Newman		
Street Address 300 York St			Street Address 300 York St		
City New Haven	State CT	Zip 06511	City New Haven	State CT	Zip 06511
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Herbert S. Newman			Director Name Joseph Schiffer		
Street Address 300 York St			Street Address 300 York St		
City New Haven	State CT	Zip 06511	City New Haven	State CT	Zip 06511
Director Name Richard Munday			Director Name		
Street Address 300 York St			Street Address		
City New Haven	State CT	Zip 06511	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	CNP	\$10

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 _____

FILED

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.

Check No _____

FEB 14 2014

RG _____ 2/11/14
 Signature of Authorized Representative Date

By: _____

10593

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative

Newman Architecture, PC
300 York St.
New Haven, CT 06511

ATTACHMENT

Profit Corporation Annual Report for the Year 2014

Vice President Name	Richard Munday
Street Address	300 York St.
City	New Haven
State	CT
ZIP	06511

4LTR1352

FILED

FEB 14 2014

BY ED 503225