



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. 488910		2. Exact name of the Corporation Millennium Design Associates, Inc.								
3. Principal office address 1599 Washington Street			City Braintree	State MA	Zip 02184					
4. Business Phone No. (781) 843-9400		5. State of Incorporation Massachusetts								
6. Brief description of the character of business conducted in Rhode Island Architectural Design Services										
President Name Joseph A DeLuca			Vice-President Name Same as President							
Street Address 20 Telegraph Hill Road			Street Address							
City Marshfield	State MA	Zip 02050	City	State	Zip					
Secretary Name Same as President			Treasurer Name Same as President							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
7. DIRECTORS (NAME, ADDRESS AND PHONE NUMBER) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Same as President			Director Name N/A							
Street Address			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					
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		
						10,000	Par	.01		

2014
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 DIVISION OF STATE CORPORATIONS

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.

Filed on _____
 By _____

FILED
 MAY 21 2014
 By 224627
 A.A. - 9:48 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.

J. DeLuca 05/20/2014
 Signature of Authorized Representative Date
Joseph A. DeLuca
 Print or Type Name of Authorized Representative