



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 2015

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. 945640		2. Exact name of the Corporation SEAN O'KANE AIA ARCHITECT P.C.			
3. Principal office address 412 MAIN ST. - SUITE 8			City RIDGEFIELD	State CT	Zip 06877
4. Business Phone No. (203) 438-4208			5. State of Incorporation CT		
6. Brief description of the character of business conducted in Rhode Island ARCHITECTURAL SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name SEAN O'KANE			Vice-President Name NA		
Street Address 412 MAIN ST. - SUITE 8			Street Address		
City RIDGEFIELD	State CT	Zip 06877	City	State	Zip
Secretary Name NA			Treasurer Name NA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name SEAN O'KANE			Director Name NA		
Street Address 412 MAIN ST - SUITE 8			Street Address		
City RIDGEFIELD	State CT	Zip 06877	City	State	Zip
Director Name NA			Director Name NA		
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
			100	COMMON	NO PAR

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

FILED

JAN 16 2015

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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.

[Signature] **1/14/15**
 Signature of Authorized Representative Date

SEAN O'KANE
 Print or Type Name of Authorized Representative