



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 2016**

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>787680</b>		2. Exact name of the Corporation <b>D&amp;B Engineers and Architects, PC</b>			
3. Principal office address <b>330 Crossways Park Drive</b>		City <b>Woodbury</b>		State <b>NY</b>	Zip <b>11797</b>
4. Business Phone No. <b>516-364-9890</b>		5. State of Incorporation <b>New York</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Civil and Electrical Services</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Henry J. Chlupsa</b>			Vice-President Name <b>Steven A. Fangmann</b>		
Street Address <b>3 Clover Drive</b>			Street Address <b>239 Southwood Circle</b>		
City <b>Smithtown</b>	State <b>NY</b>	Zip <b>11787</b>	City <b>Syosset</b>	State <b>NY</b>	Zip <b>11791</b>
Secretary Name			Treasurer Name		
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 <b>Henry J. Chlupsa</b>			Director Name <b>Steven A. Fangmann</b>		
Street Address <b>3 Clover Drive</b>			Street Address <b>239 Southwood Circle</b>		
City <b>Smithtown</b>	State <b>NY</b>	Zip <b>11787</b>	City <b>Syosset</b>	State <b>NY</b>	Zip <b>11791</b>
Director Name <b>Robert Raab</b>			Director Name		
Street Address <b>106 Locust Avenue</b>			Street Address		
City <b>Rockville Centre</b>	State <b>NY</b>	Zip <b>11570</b>	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
			147	Common	No Par Value
			1149.65	Preferred	No Par Value

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

JAN 04 2016

BY 51840

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 of Authorized Representative

Date

Henry J. Chlupsa

Print or Type Name of Authorized Representative