

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.

See Section 9 of instruction sheet. 1149.65 Preferred No Par Value of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustic report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustic report must be executed to the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined that all statements contained herein are true and correct and that all statements contained herein are true and correct Signature of Authorized Representative FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Representative	1. Entity ID No. 787680	2. Exact name of the Corporation D&B Engineers and Architects, PC				
New York Steel Address Street Addr	3. Principal office address 330 Crossways Park Drive			Woodbury	NY	Zip 11797
Civil and Electrical Services 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("XF BDX FOR ATTACHMENT) President Name Henry J. Chlupsa Street Address 3 Clover Drive Street Address 239 Southwood Circle City Smithtown NY 11787 Syosset NY 11791 Secretary Name City State Zip City State Zip Street Address City State Zip Street Address City State Zip Street Address City State Zip Director Name Henry J. Chlupsa Street Address 3 Clover Drive City State Zip Director Name Henry J. Chlupsa Street Address 3 Clover Drive City State Zip Director Name Robert Raab Street Address City State Zip Director Name Robert Raab Street Address City State Zip City State Zip City State Zip City State City	516-364-9890			5. State of Incorporation New York		
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Steven A. Fangmann Street Address 3 Clover Drive City Smithtown Street Address Street Address Street Address Street Address Street Address Street Address City State City Smithtown City Smithtown Street Address Street Address Street Address City State City State City Smithtown City Smithtown NY 11787 Syosset NY 11791 Director Name Robert Raab Street Address City Smithtown NY 11787 City Syosset NY 11791 Director Name Robert Raab Street Address City Smithtown NY 11791 Director Name Robert Raab Street Address City Smithtown NY 11791 Director Name Robert Raab Street Address City State City State C		MES AND ADDRES	SES) (#X" BOX FOR A			
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Smithtown NY 11787 Syosset NY 11791 Director Name Robert Raab Street Address 106 Locust Avenue City Rockville Centre NY 11570 State NY 11570 NUMBER OF SHARES ISSUED ("X" BOX FOR ATTACHMENT) NUMBER OF SHARES CLASS/SERIES PAR VALUE This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet. 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 trust is report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perfury, I declare and affirm that I have examine that it is report, including any accompanying schedules and state and that all residements contained herein are true and correct this report. Including any accompanying schedules and state and that all residements contained herein are true and correct this report. Including any accompanying schedules and state and that all residements contained herein are true and correct this report. Including any accompanying schedules and state and that all residements contained herein are true and correct this report. Including any accompanying schedules and state and that all residements contained herein are true and correct this report. Including any accompanying schedules and state and that all residements contained herein are true. File Date Fine Date Fine Secretary of State USE ONLY	Director Name Henry J. Chlupsa Street Address			Director Name Steven A. Fangmann Street Address		
Street Address 106 Locust Avenue City Rockville Centre NY State NY 11570 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) In is information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. 1149.65 Preferred No Par Va 1149.65 Signatura of Authorized Representative 12 Signatura of Authorized Representative Print or Type Name of Authorized Representative						
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Rockville Centre NY 11570 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) NUMBER OF SHARES CLASSSERIES PAR VALUE 147 Common No Par Value 148.65 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 truste. Under penalty of perfury, I declare and affirm that I have examined this report must be executed by the receiver or truste. Under penalty of perfury, I declare and affirm that I have examined this report including any accompanying schedules and state and that all statements dontained negroin are true and correct state. By: By: By: Signature of Authorized Representative Print or Type Name of Authorized Representative				Street Address	- 	
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By: Signature of Authorized Representative Date Frint or Type Name of Authorized Representative	File Date		JAN 0 4 2016	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statemen and that all statements contained herein are true and correct.		
FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Representative	Checkino		579411	/ John	my Chil	upm 12/3/
Print or Type Name of Authorized Representative					<i> </i>	/ Date
	orm No. 630			Print or Type Name	of Authorized Represent	ative

Revised: 01/2012