



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 **2012**

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>000102165</b>		2. Exact name of the Corporation <b>Dyer/Brown &amp; Associates, Inc.</b>			
3. Principal office address <b>One Winthrop Square, Suite 100</b>		City <b>Boston</b>		State <b>MA</b>	Zip <b>02110</b>
4. Business Phone No. <b>617-426-1680</b>		5. State of Incorporation <b>Massachusetts</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Architecture &amp; Interior Design</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>Roger Shepley</b>			Vice-President Name		
Street Address <b>120 Village Ave</b>			Street Address		
City <b>Dedham</b>	State <b>MA</b>	Zip <b>02026</b>	City	State	Zip
Secretary Name <b>Roger Shepley</b>			Treasurer Name <b>Roger Shepley</b>		
Street Address <b>120 Village Ave</b>			Street Address <b>120 Village Ave</b>		
City <b>Dedham</b>	State <b>MA</b>	Zip <b>02026</b>	City <b>Dedham</b>	State <b>MA</b>	Zip <b>02026</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>Roger Shepley</b>			Director Name		
Street Address <b>120 Village Ave</b>			Street Address		
City <b>Dedham</b>	State <b>MA</b>	Zip <b>02026</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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
			100,000	CNP	0.00

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CORPORATIONS DIV  
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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 1/21/16

Check No                     

By:                     

9:27 AM  
FILED

JAN 25 2016

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

FOR SECRETARY OF STATE USE ONLY

By 265975 BEANT ZOUJLOE

Print or Type Name of Authorized Representative

KM