



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 2011

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

Check No _____

By: _____

9:26 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

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

By 265975

BRENT DYER

1/21/16

KM