



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. 798333		2. Exact name of the Corporation Horton Lees Brogden Lighting Desing Inc.			
3. Principal office address 38 E 32nd Street, 11th Fl		City New York	State NY	Zip 10016	
4. Business Phone No. 212.674.5580		5. State of Incorporation New York			
6. Brief description of the character of business conducted in Rhode Island architectural lighting design consultants					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Barbara C Horton			Vice-President Name Stephen W. Lees		
Street Address 38 E 32nd Street, 11th Fl			Street Address 38 E 32nd Street, 11th Fl		
City New York	State NY	Zip 10016	City New York	State NY	Zip 10016
Secretary Name Stephen W. Lees			Treasurer Name Stephen W. Lees		
Street Address 38 E 32nd Street, 11th Fl			Street Address 38 E 32nd Street, 11th Fl		
City New York	State NY	Zip 10016	City New York	State NY	Zip 10016
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name E. Teal Brogden			Director Name E. Teal Brogden		
Street Address 38 E 32nd Street, 11th Fl			Street Address 8580 Washington Blvd		
City New York	State NY	Zip 10016	City Culver City	State CA	Zip 90232
Director Name Stephen W. Lees			Director Name		
Street Address 38 E 32nd Street, 11th Fl			Street Address		
City New York	State NY	Zip 10016	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
			815	common	-

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

Form No. 630
Revised: 01/2012

FILED

FEB 01 2016

By

KL 34224

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

01/27/2016

Date

Stephen W. Lees

Print or Type Name of Authorized Representative