



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. 290971 | | 2. Exact name of the Corporation B. Thomas Heinzer Associates, Inc. | | | |
| 3. Principal office address 975 Merriam Avenue, Suite 203 | | City Leominster | | State MA | Zip 01453 |
| 4. Business Phone No. (978) 466-6560 | | 5. State of Incorporation Massachusetts | | | |
| 6. Brief description of the character of business conducted in Rhode Island Architectural Services. | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Brent T. Heinzer | | | Vice-President Name Brent T. Heinzer | | |
| Street Address 154 Batherick Road | | | Street Address 154 Batherick Road | | |
| City Westminster | State MA | Zip 01453 | City Westminster | State MA | Zip 01453 |
| Secretary Name Brent T. Heinzer | | | Treasurer Name Brent T. Heinzer | | |
| Street Address 154 Batherick Road | | | Street Address 154 Batherick Road | | |
| City Westminster | State MA | Zip 01453 | City Westminster | State MA | Zip 01453 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Brent T. Heinzer | | | Director Name | | |
| Street Address 154 Batherick Road | | | Street Address | | |
| City Westminster | State MA | Zip 01453 | 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) <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 |
| | | | None | Common | 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

FILED

FEB 22 2016

By **KL 3713**

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

Brent T. Heinzer, President

Print or Type Name of Authorized Representative

Date

1/23/16