



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 2013

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. 000706360		2. Exact name of the Corporation D.W. ARTHUR ASSOCIATES ARCHITECTURE, INC.		
3. Principal office address 46 PLYMPTON ST., 4TH FLOOR		City BOSTON	State MA	Zip 02118
4. Business Phone No. 617-426-2200		5. State of Incorporation MA		
6. Brief description of the character of business conducted in Rhode Island ARCHITECTURAL SERVICES PRACTICE				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name DOGAN W. ARTHUR		Vice-President Name NONE		
Street Address 16 TABOR HILL ROAD		Street Address		
City LINCOLN	State MA	Zip 01773	City	State
Secretary Name DOGAN W. ARTHUR		Treasurer Name NONE		
Street Address 16 TABOR HILL ROAD		Street Address		
City LINCOLN	State MA	Zip 01773	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
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
		100	STK	0

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

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BY 271914

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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

DOGAN W. ARTHUR

Print or Type Name of Authorized Representative

4/3/15

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