



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 22 PM 12:57

1. Entity ID Number 101743		2. Exact name of the Corporation R.E. Dineen Architects & Planners, inc.			
3. Principal Office Address 123 North Washington Street		City Boston		State MA	Zip 02199
4. Business Phone Number 617 227 7227		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Architectural and Interior Design					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ralph Dineen			Vice-President Name Paula Schuman		
Street Address 123 North Washignton Street			Street Address 123 North Washington Street		
City Boston	State MA	Zip 02199	City Boston	State MA	Zip 02199
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PAula Schuman			Director Name		
Street Address 123 North Washington Street			Street Address		
City Boston	State MA	Zip 02199	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	common	none	
11. 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. 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.					
Name of Authorized Representative Ralph Dineen				Date 6/22/2016	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

FILED

JUN 22 2016

By 201326

AA

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 05/2016