



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 AUG -5 AM 10:59

1. Entity ID Number <u>836680</u>		2. Exact name of the Corporation <u>FAGAN Design Build Studio, Inc</u>			
3. Principal Office Address <u>7 Prescott Hall Rd</u>		City <u>Newport</u>		State <u>RI</u>	Zip <u>02840</u>
4. Business Phone Number <u>401-855-4873</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Architecture</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>CHRISTOPHER FAGAN</u>			Vice-President Name		
Street Address <u>7 Prescott Hall Rd</u>			Street Address		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City	State	Zip
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			Director Name		
Street Address			Street Address		
City	State	Zip	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		
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 <u>CHRISTOPHER FAGAN</u>					Date <u>7/27/16</u>
Signature of Authorized Representative <u>[Signature]</u>					

FILED

AUG 05 2016

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MAIL TO:
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Website: www.sos.ri.gov

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