RI SOS Filing Number: 201610921280 Date: 10/24/2016 12:36 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
R.I. DEPARTMENT OF STATE
2016 OCT 24 PM 12: 34

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.

1. Entity ID Number	2. Exact name of the Corporation			
000119798	Ammondson Architects, Inc.			
3. Principal Office Address		City	State	Zip
17 Properzi Way		Somerville	MA	02143
4. Business Phone Number		5. State of Incorporation		
617-764-5901		Massachusetts		

6. Brief description of the character of business conducted in Rhode Island

Architecture

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Eric Ammondson			Vice-President Name:		
Street Address: 65 Wollaston Ave			Street Address:		
City: Arlington	State: MA	Zip: 02476	City:	State:	Zip:
Secretary Name: Eric Ammondson			Treasurer Name: Eric Ammondson		
Street Address: 65 Wollaston Ave			Street Address: 65 Wollaston Ave		
City: Arlington	State: MA	Zip: 02476	City: Arlington	State: MA	Zip: 02476

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Eric Ammondson			Director Name:		
Street Address: 65 Wollaston Ave			Street Address:		
City: Arlington	State: MA	Zip: 02476	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	CNP	0
Changes require an additional filing.			

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	Date
Eric Ammondson	10/24/16

Signature of Authorized Representative: Eric Ammondson SIGN DOCUMENT HERE

FILED
OCT 24 2016
By 286765
A.A. 12:36 p.m.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

144017-2-1130912

FORM 630 - Revised: 05/2016