RI SOS Filing Number: 201628969920 Date: 11/28/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

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		
000045734	BLOUNT BENNETT ARCHITECTS, LTD.		
3. Principal Office Address	City	State	Zip
865 Waterman Avenue Unit B	EAST PROVIDENCE	RI	02914
4. Business Phone Number	5. State of Incorporation		
401 431-1922	RI		

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

ARCHITECTUAL SERVICES

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

President Name GEORGE A. BENNETT, JR.	Vice-President Name NONE
Street Address 865 Waterman Avenue Unit B	Street Address
City EAST PROVIDENCE State RI Zip 02914	City State Zip
Secretary Name GEORGE A. BENNETT, JR.	Treasurer Name GEORGE A. BENNETT, JR.
Street Address 865 Waterman Avenue Unit B	Street Address 865 Waterman Avenue Unit B
City EAST PROVIDENCE State RI Zip 02914	City EAST PROVIDENCE State RI Zip 02914

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

Director Name NONE	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 ☐
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	200	COMMON	NO PAR VALUE
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
GEORGE A. BENNETT, JR.	11/2/16

Signature of Authorized Representative: George A. Bennett

SIGN DOCUMENT HERE

FILED

NOV 28 2016

BY 17232

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

145514-1-1084356
146466-1-642232

FORM 630 - Revised: 05/2016