

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 000045734		2. Exact name of the Corporation BLOUNT BENNETT ARCHITECTS, LTD.	
3. Principal Office Address 865 Waterman Avenue Unit B		City EAST PROVIDENCE	State RI
		Zip 02914	
4. Business Phone Number 401 431-1922		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island ARCHITECTUAL SERVICES			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name GEORGE A BENNETT, JR.		Vice-President Name NONE	
Street Address 865 Waterman Avenue Unit B		Street Address	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI
Zip 02914		Zip 02914	
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	City EAST PROVIDENCE	State RI
Zip 02914		Zip 02914	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES 200	CLASS/SERIES COMMON
		PAR VALUE NO 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. <i>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.</i>			
Name of Authorized Representative GEORGE A. BENNETT, JR.		Date 11/2/16	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

FILED

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BY

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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

FORM 630 - Revised: 05/2016