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State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

ANNUAL REPORT YEAR: 20

1. Corporate ID No. 000106231

2. Name of Corporation Gail Hallock, Architect, Inc.

3. Street Address Principal Business Office:

No. and Street:

11 FOWLER STREET

City or Town:

WICKFORD

State: RI

Zip: 02852

Country: USA

4. Business Phone No.

401-295-1369

5. State of Incorporation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

<u>5</u>.

6. Brief Description of the Character of Business Conducted in Rhode sland

TO CREATE A PROFESSIONAL SERVICE CORPORAT ARCHITECTURAL

SERVICES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title incorporator is no longer applicable; please delete.

Title

Individual Name

First, Middle, Last, Suffix

GAIL H CYR

.

Address
Address, City or Town, State, Zip Code, Country

11 FOWLER STREET WICKFORD, RI 02852 USA

11 FOWLER ST WICKFORD, RI 02852 UNI

PRESIDENT
OTHER OFFICER

GAIL CYR

8. Shares Authorized and Issued

Class of Stock

Series of Stock

Par Value Per Share

Total Issued and

Total Authorized Outstanding

Shares

Num of

Number of Shares

Shares

STK

\$0.0000

1,000.00

0.00

City or Town: North Kingstown, RI
Contact Phone
Contact Email: 2 not

State: RI

Zip: 02852

Country: USA

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 3 Day of March, 2017 at 9:09:00 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By Gail H. Cyr

Signature of Authorized Representative of the Corporation

Make Corrections

Accept

Form No. 630 Revised 09/07

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FILED