



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 <b>001006311</b>		2. Exact name of the Corporation <b>Stevens &amp; Associates, PC</b>			
3. Principal Office Address <b>PO Box 1586, 95 Main St.</b>			City <b>Brattleboro</b>	State <b>VT</b>	Zip <b>05302</b>
4. NAICS Code <b>54 - Professional, Scientific, an</b>		6. Brief description of the character of business conducted in Rhode Island <b>Practice of Architecture</b>			
5. State of Incorporation <b>VT</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert K. Stevens</b>			Vice-President Name <b>Andrew Stevens</b>		
Street Address <b>70 Prospect Street</b>			Street Address <b>95 Main Street</b>		
City <b>Brattleboro</b>	State <b>VT</b>	Zip <b>05301</b>	City <b>Brattleboro</b>	State <b>VT</b>	Zip <b>05301</b>
Secretary Name <b>Alan L. Berry</b>			Treasurer Name <b>Robert K. Stevens</b>		
Street Address <b>114 Islington Avenue</b>			Street Address <b>70 Prospect Street</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Brattleboro</b>	State <b>VT</b>	Zip <b>05301</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Robert K. Stevens</b>			Director Name <b>Andrew Stevens</b>		
Street Address <b>70 Prospect Street</b>			Street Address <b>95 Main Street</b>		
City <b>Brattleboro</b>	State <b>VT</b>	Zip <b>05301</b>	City <b>Brattleboro</b>	State <b>VT</b>	Zip <b>05301</b>
Director Name <b>Alan L. Berry</b>			Director Name <b>None</b>		
Street Address <b>114 Islington Avenue</b>			Street Address <b>None</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
9. Shares Authorized		10. Shares Issued <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.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1200		CNP	0
		None		None	None
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. <b>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.</b>					
Name of Authorized Representative  <b>Alan L. Berry</b>				Date  <b>8/21/2017</b>	
Signature of Authorized Representative  <i>Alan L. Berry</i>					

**FILED**  
 AUG 21 2017

BY 27571 DS

MAIL TO:  
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