s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River St		
	Providence RI 0290		
HOPE	(401) 222-304	+0	
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>000742452</u>			
2. Exact Name of the Limited Liability Company <u>AAD:FITCH ARCHITECTURE, PLLC</u>			
3. State of Formation			
State: <u>NY</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541810</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
ADVERTISING			
5. Principal Office Address			
No. and Street: <u>16435 NORTH SCOTTSDALE ROAD, SUITE</u> 195			
City or Town: SCOTTSI	DALE	State: <u>AZ</u> Zip: <u>85254</u> C	ountry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>KEVIN FAREWELL</u> Contact Title: <u>VICE PRESIDENT</u> No. and Street: <u>C/O WPP, 100 PARK AVENUE</u> 4TH FL.			
City or Town: <u>NEW Y</u>	—	tate: <u>NY</u> Zip: <u>10017</u> Cour	ntry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	de, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 6 Day of October, 2017 at 3:03:47 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KEVIN FAREWELL</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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