



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 <u>1663775</u> | | 2. Exact name of the Corporation <u>Weston + Sampson Architects, Inc.</u> | | | |
| 3. Principal Office Address <u>273 Dividend Road</u> | | City <u>Rocky Hill</u> | | State <u>CT</u> | Zip <u>06067</u> |
| 4. NAICS Code <u>541310</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>Architectural Services</u> | | | |
| 5. State of Incorporation <u>CT</u> | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name <u>Daniel G Tenney III</u> | | | Vice-President Name | | |
| Street Address <u>114 Washington Ave</u> | | | Street Address | | |
| City <u>Cambridge</u> | State <u>MA</u> | Zip <u>02140</u> | City | State | Zip |
| Secretary Name <u>- Same as President -</u> | | | Treasurer Name <u>- Same as President -</u> | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | CLASS/SERIES | | |
| | | | PAR VALUE | | |
| | | | <u>100</u> | | |
| | | | <u>CNP</u> | | |
| | | | <u>X</u> | | |
| 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 <u>Audra Mcmaster</u> | | | | | Date <u>10/13/2017</u> |
| Signature of Authorized Representative <u>Audra McMaster</u> | | | | | |

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

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BY

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FORM 630 - Revised: 02/2017