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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JAN 25 2018
BY 49175

Annual Report for the year: 2018
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	2. Exact name of the Corporation
000105882	DiMella Shaffer Associates, Inc.

3. Principal Office Address	City	State	Zip
281 Summer Street	Boston	MA	02210

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541310	Architectural and Interior Design and Planning Services
5. State of Incorporation	
MA	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Randy E. Kreie			Vice-President Name: Edward K. Hodges		
Street Address: 281 Summer Street			Street Address: 281 Summer Street		
City: Boston	State: MA	Zip: 02210	City: Boston	State: MA	Zip: 02210
Secretary Name: Diane M. Dooley			Treasurer Name: Diane M. Dooley		
Street Address: 281 Summer Street			Street Address: 281 Summer Street		
City: Boston	State: MA	Zip: 02210	City: Boston	State: MA	Zip: 02210

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Randy E. Kreie			Director Name: Edward K. Hodges		
Street Address: 281 Summer Street			Street Address: 281 Summer Street		
City: Boston	State: MA	Zip: 02210	City: Boston	State: MA	Zip: 02210
Director Name: Diane M. Dooley			Director Name:		
Street Address: 281 Summer Street			Street Address:		
City: Boston	State: MA	Zip: 02210	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	CNP	$0.0000

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	Date
Randy E. Kreie	1-23-2018

Signature of Authorized Representative

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

FORM 630 - Revised: 10/2017