



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 92821		2. Exact name of the Corporation Vision III Architects, Inc.			
3. Principal Office Address 225 Chapman Street			City Providence	State RI	Zip 02905
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of architecture.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Keith R. Davignon			Vice-President Name David R. Prengaman		
Street Address 225 Chapman Street			Street Address 225 Chapman Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name David R. Prengaman			Treasurer Name Keith R. Davignon		
Street Address 225 Chapman Street			Street Address 225 Chapman Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Keith R. Davignon			Director Name David R. Prengaman		
Street Address 225 Chapman Street			Street Address 225 Chapman Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name Henry W. Cugno			Director Name		
Street Address 225 Chapman Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Keith R. Davignon					Date 01/24/2018
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

FILED

JAN 29 2018

FORM 630 - Revised: 10/2017

BY 31420.05