



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

**STAMP**

FOR SECRETARY OF STATE USE ONLY

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 000792730		2. Exact name of the Corporation Finegold Alexander Architects Inc.			
3. Principal Office Address 77 North Washington Street, 7th Floor			City Boston	State MA	Zip 02114
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island Practice of Architecture			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Rebecca Berry			Vice-President Name Ellen Anselone		
Street Address Same as office			Street Address Same as Office		
City	State	Zip	City	State	Zip
Secretary Name Clerk Name: Regan Shields Ives			Treasurer Name Jeffrey Garriga		
Street Address Same as office			Street Address Same as office		
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 Maurice N. Finegold			Director Name James G. Alexander		
Street Address Same as office			Street Address Same as office		
City	State	Zip	City	State	Zip
Director Name Tony Hsiao			Director Name Rebecca Berry		
Street Address Same as office			Street Address Same as office		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		- 1950		A	\$5.00
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 REBECCA BERRY				Date February 27, 2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE MAR 01 2018	

MAIL TO:  
 Division of Business Services  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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