

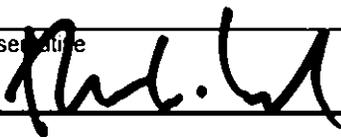


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2018 JUN 15 PM 3:5

1. Entity ID Number <b>000123372</b>		2. Exact name of the Corporation <b>Kallmann Mckinnell &amp; Wood Architects, Inc.</b>			
3. Principal Office Address <b>98 Magazine Street</b>		City <b>Roxbury</b>		State <b>MA</b>	Zip <b>02119</b>
4. NAICS Code <b>237990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Professional Practice of Architecture Title 7-1.1</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Bruce A Wood</b>			Vice-President Name		
Street Address <b>59 Mendum Street</b>			Street Address		
City <b>Roslindale</b>		State <b>MA</b>	Zip <b>02131</b>	City	
Secretary Name <b>Thomas Reed</b>			Treasurer Name		
Street Address <b>One Bowdoin Square</b>			Street Address		
City <b>Boston</b>		State <b>MA</b>	Zip <b>02114</b>	City	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	CNP	\$0.000	
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. <b>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.</b>					
Name of Authorized Representative <b>Bruce A Wood</b>				Date <b>May 30, 2018</b>	
Signature of Authorized Representative 				<b>FILED</b> JUN 15 2018 3:54	

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