



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

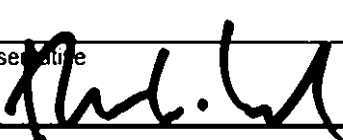
Annual Report for the year: **2018**
Corporation

→ 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 000123372		2. Exact name of the Corporation Kallmann Mckinnell & Wood Architects, Inc.			
3. Principal Office Address 98 Magazine Street		City Roxbury		State MA	Zip 02119
4. NAICS Code 237990		6. Brief description of the character of business conducted in Rhode Island Professional Practice of Architecture Title 7-1.1			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bruce A Wood			Vice-President Name		
Street Address 59 Mendum Street			Street Address		
City Roslindale	State MA	Zip 02131	City	State	Zip
Secretary Name Thomas Reed			Treasurer Name		
Street Address One Bowdoin Square			Street Address		
City Boston	State MA	Zip 02114	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					
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	
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.					
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 Bruce A Wood					Date May 30, 2018
Signature of Authorized Representative 					FILED JUN 15 2018 KL 332857 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

FORM 630 - Revised: 10/2017