



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

Annual Report for the year: **2017**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 SECRETARY OF STATE
 CORPORATIONS DIV
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| | | | | | |
|--|--------------------|---|---------------------|---|---------------------|
| 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 737990 | | 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. <i>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.</i> | | | | | |
| Name of Authorized Representative Bruce A Wood | | | | Date May 30, 2018 | |
| Signature of Authorized Representative | | | | FILED JUN 15 2018 100 332857 3:53 | |

MAIL TO:
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