



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 54113		2. Name of Corporation Edward Rowse Architects, Incorporated	
3. Street Address Principal Business Office 115 CEDAR STREET		City PROVIDENCE	State RI
4. Business Phone No. (401) 331-9200		5. State of Incorporation RHODE ISLAND	
6. SIC Code 7682			
7. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURE			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Edward Rowse		Vice President Name None	
Street Address 115 Cedar Street		Street Address	
City Providence	State RI	Zip 02903	City Providence
Secretary Name Edward Rowse		Treasurer Name Edward Rowse	
Street Address 115 Cedar Street		Street Address 115 Cedar Street	
City Providence	State RI	Zip 02903	City Providence

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	City
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	City

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	NO PAR VALUE		100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*54113 DBC 01/11/05 02:28:06 PM\*

File Date 1/27/05

Check No. 6492

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1/26/05  
Signature of Officer Date

Edward Rowse  
Print or Type Name of Officer

President  
Title of Officer



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 54113		2. Name of Corporation Edward Rowse Architects, Incorporated			
3. Street Address Principal Business Office 115 CEDAR STREET			City PROVIDENCE	State RI	Zip 02903-
4. Business Phone No. (401) 331-9200		5. State of Incorporation RHODE ISLAND			6. SIC Code 7682
7. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EDWARD ROWSE			Vice President Name NONE		
Street Address 115 CEDAR STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Secretary Name EDWARD ROWSE			Treasurer Name EDWARD ROWSE		
Street Address 115 CEDAR STREET			Street Address 115 CEDAR STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	NO PAR VALUE		100	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



5 4 1 1 3

\*54113 DBC 01/13/04 11:35:11 AM\*

File Date Jan. 28, 2004

Check No. 5934

By: Kmc

FOR SECRETARY OF STATE USE ONLY

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.

Edward Rowse 1/26/04  
Signature of Officer Date  
EDWARD ROWSE  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *54113*		2. Name of Corporation Edward Rowse Architects, Incorporated		
3. Street Address Principal Business Office 115 CEDAR STREET		City PROVIDENCE	State RI	Zip 02903-
4. Business Phone No. (401) 331-9200		5. State of Incorporation RHODE ISLAND		6. SIC Code 7682
7. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURE				

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward Rowse		Vice President Name None			
Street Address 115 Cedar Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Edward Rowse		Treasurer Name Edward Rowse			
Street Address 115 Cedar Street		Street Address 115 Cedar Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 5 4 1 1 3 \*

\*54113 DBC1/28/032:26:35 PM\*

File Date 3-12-03

Check No. 5311

By: KML

FOR SECRETARY OF STATE USE ONLY

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.

Edward C. Rowse 3/10/03  
Signature of Officer Date

Edward Rowse  
Print or Type Name of Officer

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **54113** 2. Name of Corporation **Edward Rowse Architects, Incorporated**  
3. Street Address Principal Business Office **115 Cedar Street** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **(401) 331-9200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7682**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**Architecture**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Edward Rowse</b> Street Address <b>115 Cedar Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Vice President Name <b>None</b> Street Address  City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
Secretary Name <b>Edward Rowse</b> Street Address <b>115 Cedar Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Treasurer Name <b>Edward Rowse</b> Street Address <b>115 Cedar Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>None</b> Street Address  City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Director Name <b>None</b> Street Address  City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
Director Name <b>None</b> Street Address  City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Director Name <b>None</b> Street Address  City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>4,000 NO PAR VALUE</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 5 4 1 1 3 \*

File Date: 3-8-02  
Check No.: 4759  
By: RMF

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.  
*Edward C. Rowse* 3/17/02  
Signature of Officer Date

**Edward Rowse**  
Print or Type Name of Officer  
**President**  
Title of Officer  
5



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **54113** 2. Name of Corporation **Edward Rowse Architects, Incorporated**

3. Street Address Principal Business Office  
**115 Cedar Street** City **Providence** State **RI** Zip **02903**

4. Business Phone No. **(401) 331-9200** 5. State of Incorporation **RHODE ISLAND** 6. **7682**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Architecture**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Edward Rowse</b>			Vice President Name <b>None</b>		
Street Address <b>115 Cedar Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>Edward Rowse</b>			Treasurer Name <b>Edward Rowse</b>		
Street Address <b>115 Cedar Street</b>			Street Address <b>115 Cedar Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)  11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>4,000 SHS</b>	<b>NO PAR VAL</b>		<b>100</b>	<b>Common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 5 4 1 1 3 \*

**FILED**

File Date: **FEB 28 2001**

Check No.: **4303**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

**[Signature]** **2/27/01**  
Signature of Officer Date

**Edward Rowse**  
Print or Type Name of Officer

**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 54113  
2. Name of Corporation Edward Rowse Architects, Incorporated  
3. Street Address Principal Business Office 115 Cedar Street Providence RI 02903  
4. Business Phone No. (401) 331-9200  
5. State of Incorporation RHODE ISLAND  
6. SIC Code 7682

7. Brief Description of the Character of Business Conducted in Rhode Island  
Architecture  
8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name	Edward Rowse	Vice President Name	None
Street Address	115 Cedar Street	Street Address	
City	Providence	City	
State	RI	State	
Zip	02903	Zip	
Secretary Name	Edward Rowse	Treasurer Name	Edward Rowse
Street Address	115 Cedar Street	Street Address	115 Cedar Street
City	Providence	City	Providence
State	RI	State	RI
Zip	02903	Zip	02903

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name	None	Director Name	None
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
Director Name	None	Director Name	None
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
4,000	Common	No Par Value

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date: \_\_\_\_\_

MAR 01 2000

Check No.: \_\_\_\_\_

By: bc 3207

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Edward A. Rowse 2/29/00  
Signature of Officer Date

Edward A. Rowse  
Print or Type Name of Officer

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>54113</b>		2. Name of Corporation <b>Edward Rowse Architects, Incorporated</b>	
3. Street Address Principal Business Office <b>228 Main Street</b>		City <b>Pawtucket</b>	State <b>RI</b>
		Zip <b>02860</b>	
4. Business Phone No. <b>(401) 727-7770</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
		6. SIC Code <b>7682</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Architecture</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Edward Rowse</b>		Vice President Name <b>None</b>	
Street Address <b>228 Main Street</b>		Street Address	
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	
Secretary Name <b>Edward Rowse</b>		Treasurer Name <b>Edward Rowse</b>	
Street Address <b>228 Main Street</b>		Street Address <b>228 Main Street</b>	
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>
			State <b>RI</b>
			Zip <b>02860</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	Zip	City
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	Zip	City
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES			ISSUED SHARES
Number of Shares	Class/Series	Par Value	Number of Shares
<b>4,000 SHS NO PAR VAL</b>			<b>100</b>
			<b>Common</b>
			<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 5 4 1 1 3 \*

File Date: Feb 26, 99  
Check No.: 2613  
By: [Signature]

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.

[Signature] 2/4/99  
Signature of Officer Date

**Edward A. Rowse**

Print or Type Name of Officer

**President**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **54113** 2. Name of Corporation **Edward Rowse Architects, Incorporated**

3. Street Address Principal Business Office City State Zip  
**228 Main Street Pawtucket RI 02860**

4. Business Phone No. (401) 727-7770 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7682**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Architecture**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>Edward Rowse</b>			Vice President Name <b>Susan M. Rowse</b>		
Street Address <b>228 Main Street</b>			Street Address <b>228 Main Street</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name <b>Edward Rowse</b>			Treasurer Name <b>Edward Rowse</b>		
Street Address <b>228 Main Street</b>			Street Address <b>228 Main Street</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>4,000 SHS NO PAR VAL</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 5 4 1 1 3 \*

File Date: 2/17/98

Check No.: 2136

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] Date 2/17/98

Signature of Officer  
**Edward A. Rowse**

Print or Type Name of Officer  
**President**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **54113** 2. Name of Corporation **Edward Rowse Architects, Incorporated**

3. Street Address Principal Business Office **228 Main Street** City **Pawtucket** State **RI** Zip **02860**  
4. Business Phone No. **(401) 727-7770** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7682**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Architecture**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name			Vice President Name		
Edward Rowse			Susan M. Rowse		
Street Address			Street Address		
228 Main Street			228 Main Street		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860	Pawtucket	RI	02860
Secretary Name			Treasurer Name		
Edward Rowse			Edward Rowse		
Street Address			Street Address		
228 Main Street			228 Main Street		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860	Pawtucket	RI	02860

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS	NO PAR VAL		100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3/19/97  
Check No.: 1767  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 3/17/97  
Signature of Officer Date  
Edward A. Rowse  
Print or Type Name of Officer  
President  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 54113      2. NAME OF CORPORATION Edward Rowse Architects, Incorporated

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 228 Main Street      CITY Pawtucket      STATE RI      ZIP CODE 02860

4. BUSINESS PHONE NO. (401) 727-7770      5. STATE OF INCORPORATION RHODE ISLAND      6. SIC CODE 7682

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Architecture

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Edward Rowse	VICE PRESIDENT NAME Susan M. Rowse
STREET ADDRESS 228 Main Street	STREET ADDRESS 228 Main Street
CITY Pawtucket	CITY Pawtucket
STATE RI	STATE RI
ZIP CODE 02860	ZIP CODE 02860
SECRETARY NAME Edward Rowse	TREASURER NAME Edward Rowse
STREET ADDRESS 228 Main Street	STREET ADDRESS 228 Main Street
CITY Pawtucket	CITY Pawtucket
STATE RI	STATE RI
ZIP CODE 02860	ZIP CODE 02860

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME None	DIRECTOR NAME None
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE
DIRECTOR NAME None	DIRECTOR NAME None
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
4,000 SHS	NO PAR VAL		100	Common	No Par Value

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

*Edward A. Rowse*  
Signature of Officer

Edward A. Rowse  
Print or Type Name of Officer

President  
Title of Officer

2/16/96  
Date

File Date: 3-22-96

Check No: 1437

By: *[Signature]*  
For Secretary of State Use Only

State of Rhode Island and Providence Plantations  
 Office of the Secretary of State  
 100 North Main Street  
 Providence, Rhode Island 02903-1335  
 401-277-3040

**ANNUAL REPORT**  
 Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 54113 Annual Report for the year: 1995

Name of Corporation: EDWARD ROWSE ARCHITECTS, INCORPORATED

Business entity organized under the laws of the State of: RHODE ISLAND  
 For foreign entity, address and telephone number of principal office:  
 N/A

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief Statement of the character of business conducted in Rhode Island:

Phone: \_\_\_\_\_ Architecture  
 Address and telephone of the principal office of business entity in  
 Rhode Island (Provide street address - Not P.O. Box):  
 228 Main Street  
 Pawtucket, Rhode Island 02860

Phone: (401) 727-7770

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Edward Rowse	228 Main Street	Pawtucket, Rhode Island	02860
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Susan M. Rowse	228 Main Street	Pawtucket, Rhode Island	02860
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Edward Rowse	Same as above		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Edward Rowse	Same as above		

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
N/A			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class/Series	Number of Shares	Class/Series
4,000	Common/No Par Value	100	Common/No Par Value

Date 2/8, 1995  
 By Edward Rowse  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
 President  
 TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

Adler Pollock & Sheehan, Inc., 2300 Hospital Trust Tower, Providence, Rhode Island 02903

**FILED**  
 MAR 28 1995  
 By CC 1061

Filing Fee \$50.00  
Payable to:  
Secretary of State

State of Rhode Island and Providence Plantations  
Office of the Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
(401) 277-3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID: 54113 Annual Report for the year: 1994  
Name of Business Entity: EDWARD ROWSE ARCHITECTS, INCORPORATED

BUSINESS ENTITY ORGANIZED UNDER THE LAWS OF THE STATE OF RHODE ISLAND

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

N/A

phone: 401-727-7770

Address and telephone of principal office of business entity in Rhode Island (Provide Street Address - Not P.O. Box):

228 Main Street  
Pawtucket, Rhode Island 02860

phone: 401-727-7770

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)  
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Edward Rowse, President  
228 Main Street  
Pawtucket, Rhode Island 02860

Brief statement of the character of business conducted in Rhode Island:

Architecture.

Date of Organization: 2-15-89

Date of Qualification to do business in Rhode Island (if foreign entity):

n/a

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (Check One)	Edward Rowse, 228 Main Street, Pawtucket, Rhode Island	02860	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	Susan M. Rowse, 228 Main Street, Pawtucket, Rhode Island	02860	
<input type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> SECRETARY (Check One)	Edward Rowse, Same As Above		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> TREASURER (Check One)	Edward Rowse, Same As Above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
N/A			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (if Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)
NUMBER <u>4,000</u>	NUMBER <u>100</u>
CLASS <u>Common</u>	CLASS <u>Common</u>
SERIES <u>n/a</u>	SERIES <u>n/a</u>
PAR VALUE OR WITHOUT PAR <u>No Par Value</u>	PAR VALUE OR WITHOUT PAR <u>No Par Value</u>

DATE: 3/7/94

BY: Edward A. Rowse

Edward A. Rowse

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

FILED

MAR 8 1994

B/S/O Check # 2055

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

Adler Pollock & Sheehan Incorporated, 2300 Hospital Trust Tower, Providence, RI 02903

Fee \$50.00

To be filed annually between  
January 1st and March 1st

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903

Corporate ID 0054113 Annual Report for the year 1993

FIRST: The name of the corporation is EDWARD ROWSE ARCHITECTS, INCORPORATED

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is architecture.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island is 228 Main Street, Pawtucket, RI 02860

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
N/A	Director	
N/A	Director	
N/A	Director	
Edward Rowse	President	228 Main Street, Providence, RI 02860
Susan M. Rowse	Vice President	228 Main Street, Providence, RI 02860
Edward Rowse	Secretary	same as above
Edward Rowse	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000			No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			No Par Value

Rec'd & Filed APR 19 1993

Chce 1716

Dated 4/13/93 1993

EDWARD ROWSE ARCHITECTS, INCORPORATED  
(Name of Corporation)

(Report must be signed by an officer)

By: Edward C. Rowse  
Title President

Filing Fee \$50.00

To be filed annually between January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903

Corporate ID \_\_\_\_\_ Annual Report for the year 1992

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N/A	Director	
N/A	Director	
Edward Rowse	President	228 Main Street, Providence, RI 02860
Susan M. Rowse	Vice President	228 Main Street, Providence, RI 02860
Edward Rowse	Secretary	228 Main Street, Providence, RI 02860
Edward Rowse	Treasurer	228 Main Street, Providence, RI 02860

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000			no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			no par value

AMT 172446  
Rec'd & Filed JAN 28 1992

Dated 1/10/92 1992

Edward Rowse Architects, Inc.  
(Name of Corporation)

(Report must be signed by an officer)

By: Edward G. Rowse  
Title: PRESIDENT

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903

Corporate ID 54113 Annual Report for the year 1991

FIRST: The name of the corporation is Edward Rowse Architects, Incorporated

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N/A	Director	
N/A	Director	
N/A	Director	
Edward Rowse	President	228 Main Street, Providence, RI 02860
Susan M. Rowse	Vice President	228 Main Street, Providence, RI 02860
Edward Rowse	Secretary	228 Main Street, Providence, RI 02860
Edward Rowse	Treasurer	228 Main Street, Providence, RI 02860

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000			no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			no par value

Dated 1/17 1991

Rec'd & Filed JAN 28 1991

Edward Rowse Architects, Inc.  
(Name of Corporation)

By: Edward A. Rowse 1/17/91  
Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903

54113

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Corporate ID 05-0443909 Annual Report for the year 1990

FIRST: The name of the corporation is Edward Rowse Architects, Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is architecture.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island is 228 Main Street, Pawtucket, RI 02860

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
N/A	Director	
N/A	Director	
N/A	Director	
Edward Rowse	President	228 Main Street, Providence, RI 02860
Susan M. Rowse	Vice President	228 Main Street, Providence, RI 02860
Edward Rowse	Secretary	228 Main Street, Providence, RI 02860
Edward Rowse	Treasurer	228 Main Street, Providence, RI 02860

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000			no par value
Number of Shares issued:			
100			no par value

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
FEB 13 10 47 AM '90

PAID

FEB 16 1990

SECY OF STATE

Dated 12/29/ 1989

Edward Rowse Architects, Inc.  
(Name of Corporation)

(Report must be signed by an officer)

By: Edward A. Rowse  
Title President