



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

FILED

DEC 27 2018
 416341
 BY

Annual Report for the year: 2019
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 000123626		2. Exact name of the Corporation Sudbury Design Group, Inc.			
3. Principal Office Address 740 Boston Post Road			City Sudbury	State MA	Zip 01776
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island Landscape 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 Michael J. Coutu			Vice-President Name None		
Street Address 30 Nobscott Rd., Unit 6			Street Address None		
City Sudbury	State MA	Zip 01776	City None	State None	Zip None
Secretary Name Irene M. Gaudet			Treasurer Name None		
Street Address 104 Westminster Drive			Street Address None		
City Marlborough	State MA	Zip 01752	City None	State None	Zip None
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
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	0.0000
		None		None	None
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 Michael J. Coutu				Date 10-18-18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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