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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

2019 FEB -5 PM 12: 59

→ Penalty: Additional \$25 Entity ID Number 		of the Corporatio	n	· · · · · · · · · · · · · · · · · · ·			
790842		Epstein Joslin Architects, Inc.					
Principal Office Address Trowbridge Street			City Cambridge		State MA	Zıp 02138	
4. NAICS Code 541310		Brief description of the character of business conducted in Rhode Island Architecture					
5. State of Incorporation Massachusetts							
7, List ALL officers (names o	nd udarestas)				the box to indica	ite an attachment 🗓	
President Name Alan Joslin			Vice-President Name Raymond L. Porfilio, Jr.				
Street Address 80 Towbridge	Street Address 80 Towbridge Street						
^{City} Cambridge	State MA	Zip 02138	City Cambridge		State MA	Zip 02138	
Secretary Name Deborah Epstein			Treasurer Name Deborah Epstein				
Street Address 80 Towbridge Street			Street Address 80 Towbridge Street				
^{City} Cambridge	State MA	Zip 02138	^{City} Cambridge		State MA	^{Zip} 02138	
8. List ALL directors (names	and addresses)			Chec	the box to indic	ate an attachment 🗀	
Director Name Alan Joslin			Director Name	Deborah Epstein	A. C.		
Street Address 80 Towbridge	e Street			80 Towbridge Str	eet		
City Cambridge	State MA	Zip 02138	City Cambridge		State MA	Zip 02138	
Director Name			Director Name				
Street Address	 · 		Street Address	5	<u></u> -	 .	
City	State	Zıp	City		State	Zip	
9 Shares Authorized		10 Shares Is	sued	Checi	k the box to indic	ate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SFRI	CLASS/SFRIES PAR VALUE		
		200		Common	ommon No Par		
Changes require an additiona							
11. This report must be exec	cuted on behalf of the	corporation by an	autnorized repres	sentative. If the corp	oration is in the h	nands of a receiver o	
trustee, this report must be a Under penalty of perjury, I	executed on behalf of	the corporation by	the receiver or tr	rustee.	mnanving sche	dules and	
statements, and that all st	aeciare and anirin t atements contained	nat i nave examii herein are true a	nd correct.	nelboning any acco			
Name of Authorized Represe					Date		
Alan Joslin	/		<u> FILE</u> S)	MAD	29 2019	
Signature of Authorized Rep	presentative	S GN DC	Pere to though	2010		_	
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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