



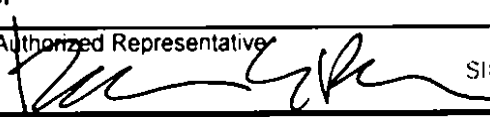
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation
 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2019 FEB 14 AM 10:03

- 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 000031648 | | 2. Exact name of the Corporation David Presbrey Architects, a corporation | | | | | | | | | | | | |
|--|--|---|---|----------------------------------|---------------------|------------------|--------------|-----------|--------|--------|--------|--|--|--|
| 3. Principal Office Address 810 Eddy Street | | | City Providence | State RI | Zip 02905 | | | | | | | | | |
| 4. NAICS Code 541310 | 6. Brief description of the character of business conducted in Rhode Island Architectural Services | | | | | | | | | | | | | |
| 5. State of Incorporation RI | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name Brian E. Poor | | | Vice-President Name John L. Dumaliang | | | | | | | | | | | |
| Street Address 810 Eddy Street | | | Street Address 810 Eddy Street | | | | | | | | | | | |
| City Providence | State RI | Zip 02905 | City Providence | State RI | Zip 02905 | | | | | | | | | |
| Secretary Name Brian E. Poor | | | Treasurer Name Brian E. Poor | | | | | | | | | | | |
| Street Address 810 Eddy Street | | | Street Address 810 Eddy Street | | | | | | | | | | | |
| City Providence | State RI | Zip 02905 | City Providence | State RI | Zip 02905 | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name Brian E. Poor | | | Director Name | | | | | | | | | | | |
| Street Address 810 Eddy Street | | | Street Address | | | | | | | | | | | |
| City Providence | State RI | Zip 02905 | 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. | | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100.00</td> <td>Common</td> <td>\$1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100.00 | Common | \$1.00 | | | |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | |
| 100.00 | Common | \$1.00 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 Brian E. Poor | | | | Date February 14, 2019 | | | | | | | | | | |
| Signature of Authorized Representative  SIGN DOCUMENT HERE FILED | | | | | | | | | | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 14 2019

FORM 630 - Revised: 10/2017

BY CM P763J