



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 102923		2. Name of Corporation CUTLER DESIGN, INC.			
3. Street Address Principal Business Office 43 HARVARD STREET			City WORCESTER	State MA	Zip 01615
4. Business Phone No. 508-757-7500		5. State of Incorporation MASSACHUSETTS			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PROVIDING ARCHITECTURAL, PLANNING AND INTERIOR DESIGN AND FURNITURE DESIGN SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name J. ROBERT TAYLOR			Vice President Name		
Street Address 24 MORTON STREET			Street Address		
City WELLESLEY	State MA	Zip 02181	City	State	Zip
Secretary Name ROBERT GRAHAM			Treasurer Name FREDERIC H. MULLIGAN		
Street Address 601 ALDRICH STREET			Street Address 1 OSTEGO ROAD		
City UXBRIDGE	State MA	Zip 01569	City WORCESTER	State MA	Zip 01609
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name J. ROBERT TAYLOR			Director Name		
Street Address 24 MORTON STREET			Street Address		
City WELLESLEY	State MA	Zip 02181	City	State	Zip
Director Name FREDERIC H. MULLIGAN			Director Name		
Street Address 1 OSTEGO ROAD			Street Address		
City WORCESTER	State MA	Zip 01609	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000 COMM NO PAR VALUE			100	COMMON	NO PAR

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



102923

File Date 2-14-05
Check No. 12878
By: KB-
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.

J. ROBERT TAYLOR ✓ 2/11/05
Signature of Officer Date
J. ROBERT TAYLOR
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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3. Street Address Principal Business Office 43 HARVARD STREET			City WORCESTER	State MA	Zip 01615
4. Business Phone No. 508-757-7500		5. State of Incorporation MASSACHUSETTS			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PROVIDING ARCHITECTURAL, PLANNING AND INTERIOR DESIGN AND FURNITURE DESIGN SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name J. ROBERT TAYLOR			Vice President Name		
Street Address 24 MORTON STREET			Street Address		
City HELLESLEY	State MA	Zip 02181	City	State	Zip
Secretary Name ROBERT GRAHAM			Treasurer Name FREDERIC H. MULLIGAN		
Street Address 601 ALDRICH STREET			Street Address 1 OSTEGO ROAD		
City UXBRIDGE	State MA	Zip 01569	City WORCESTER	State MA	Zip 01609
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name J. ROBERT TAYLOR			Director Name		
Street Address 24 MORTON STREET			Street Address		
City HELLESLEY	State MA	Zip 02181	City	State	Zip
Director Name FREDERIC H. MULLIGAN			Director Name		
Street Address 1 OSTEGO ROAD			Street Address		
City WORCESTER	State MA	Zip 01609	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
15,000	COMM	NO PAR VALUE	100	COMMON	NO PAR

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



* 1 0 2 9 2 3 *

File Date 2-13-04
Check No. 12481
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] 2/19/04
Signature of Officer Date
ROBERT GRAHAM
Print or Type Name of Officer
CLERK
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 OR PRINTED IN BLACK)

1. Corporate ID No. **102923** 2. Name of Corporation **CUTLER DESIGN, INC.**
3. Street Address Principal Business Office **43 HARVARD STREET** City **WORCESTER** State **MA** Zip **01615**
4. Business Phone No. **508-757-7500** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **0**
7. Brief Description of the Character of Business Conducted in Rhode Island

CONSULTING SERVICES

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

President Name J. ROBERT TAYLOR Street Address 24 MORTON STREET City WELLESLEY State MA Zip 02181	Vice President Name Street Address City WORCESTER State MA Zip 01609
Secretary Name ROBERT GRAHAM Street Address 601 ALDRICH STREET City UXBRIDGE State MA Zip 01569	Treasurer Name FREDERIC H. MULLIGAN Street Address 1 OSTEGO ROAD City WORCESTER State MA Zip 01609

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

Director Name J. ROBERT TAYLOR Street Address 24 MORTON STREET City WELLESLEY State MA Zip 02181	Director Name Street Address City WORCESTER State MA Zip 01609
Director Name Street Address City WELLESLEY State MA Zip 02181	Director Name Street Address City WORCESTER State MA Zip 01609

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	15,000	COMM	NO PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	COMMON	NO PAR

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



* 1 0 2 9 2 3 *

File Date: 2/19/03
Check No: 12040
By: RM

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 of Officer: J. Robert Taylor Date: 2/13/03
Print or Type Name of Officer: J. ROBERT TAYLOR
Title of Officer: PRESIDENT



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. **102923** 2. Name of Corporation **CUTLER DESIGN, INC.**
3. Street Address Principal Business Office **43 HARVARD STREET** City **WORCESTER** State **MA** Zip **01615**
4. Business Phone No. **508-757-7500** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **0**
7. Brief Description of the Character of Business Conducted in Rhode Island

CONSULTING SERVICES

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

President Name J. ROBERT TAYLOR Street Address 24 MORTON STREET City State Zip WELLESLEY MA 02181	Vice President Name Street Address City State Zip
Secretary Name ROBERT GRAHAM Street Address 601 ALDRICH STREET City State Zip UXBRIDGE MA 01569	Treasurer Name FREDERIC H. MULLIGAN Street Address 1 OTSEGO ROAD City State Zip WORCESTER MA 01609

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

Director Name J. ROBERT TAYLOR Street Address 24 MORTON STREET City State Zip WELLESLEY MA 02181	Director Name Street Address City State Zip
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
15,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	COMMON	NO PAR

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



* 1 0 2 9 2 3 *

File Date: 2.28.02
Check No.: 10623
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] Date 2/27/02
FREDERIC MULLIGAN
Treasurer
Treasurer
Title of Officer



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. **102923** 2. Name of Corporation **CUTLER DESIGN, INC.**

3. Street Address Principal Business Office **43 HARVARD STREET** City **WORCESTER** State **MA** Zip **01615**

4. Business Phone No. **508-757-7500** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **0**

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

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

President Name **J. ROBERT TAYLOR**
Street Address **24 MORTON STREET**
City **WELLESLEY** State **MA** Zip **02181**

Vice President Name
Street Address
City State Zip
Treasurer Name **FREDERIC H. MULLIGAN**
Street Address **1 OTSEGO ROAD**
City **WORCESTER** State **MA** Zip **01609**

Secretary Name **ROBERT GRAHAM**
Street Address **601 ALDRICH STREET**
City **UXBRIDGE** State **MA** Zip

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

Director Name **J. ROBERT TAYLOR**
Street Address **24 MORTON STREET**
City **WELLESLEY** State **MA** Zip **02181**

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

Number of Shares	Class/Series	Par Value
15,000	COMM NO PAR	VALUE

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

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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



* 1 0 2 9 2 3 *

File Date: 2/21

Check No.: 9992

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 2/15/01

Print or Type Name of Officer Frederic Mulligan

Title of Officer Treasurer



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. **102923** 2. Name of Corporation **CUTLER DESIGN, INC.**
3. Street Address Principal Business Office **43 Harvard Street** City **Worcester** State **MA** Zip **01615**
4. Business Phone No. **508-757-7500** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **0059**

7. Brief Description of the Character of Business Conducted in Rhode Island
General Contractor - Commercial Real Estate

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

President Name **J. ROBERT TAYLOR**
Street Address **24 MORTON STREET**
City **WELLESLEY** State **MA** Zip **02181**
Secretary Name **Robert Graham**
Street Address **601 Aldrich Street**
City **Uxbridge** State **MA** Zip **01561**

Vice President Name
Street Address
City
Treasurer Name **FREDERIC H. MULLIGAN**
Street Address **1 OTSEGO ROAD**
City **WORCESTER** State **MA** Zip **01609**

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

Director Name **J. ROBERT TAYLOR**
Street Address **24 MORTON STREET**
City **WELLESLEY** State **MA** Zip **02181**

Director Name
Street Address
City

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	15,000	COMM NO	PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No Par

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



File Date: 2/22/00
Check No.: 8451
By: _____

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 of Officer: [Signature] Date: 2.14.00
Print or Type Name of Officer: Frederic Mulligan
Title of Officer: V.P.



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. 102923
2. Name of Corporation CUTLER DESIGN, INC.
3. Street Address Principal Business Office 43 HARVARD ST.
4. Business Phone No. (508)757-7500
5. State of Incorporation MASSACHUSETTS

City WORCESTER State MA Zip 01615
6. SIC Code 0059

7. Brief Description of the Character of Business Conducted in Rhode Island
GENERAL CONTRACTOR - COMMERCIAL REAL ESTATE

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

President Name
FREDERIC MULLIGAN
Street Address
ONE OTSEGO ROAD
City WORCESTER State MA Zip 01609

Vice President Name
Street Address
City State Zip

Secretary Name
ROBERT GRAHAM
Street Address
601 ALDRICH ST.
City UXBRIDGE State MA Zip

Treasurer Name
J. ROBERT TAYLOR
Street Address
24 MORTON STREET
City WELLESLEY State MA Zip

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

Director Name
FREDERIC MULLIGAN
Street Address
ONE OTSEGO ROAD
City WORCESTER State MA Zip 01609
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
15,000	COMMON	NO PAR

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

ISSUED SHARES	Class/Series	Par Value
100	COMMON	NO PAR

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

File Date: 7-29-99
Check No.: 8154
By: AMF

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.

J. Robert Taylor
Signature of Officer
7-28-99
Date
J. Robert Taylor
Print or Type Name of Officer
Treasurer
Title of Officer