



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

Annual Report for the year: 2019
Corporation

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 CORPORATIONS DIV

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- 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 790855	2. Exact name of the Corporation Civitects PC		
3. Principal Office Address 245 Main Street		City Wareham	State MA
		Zip 02571	
4. NAICS Code 541310	6. Brief description of the character of business conducted in Rhode Island Architectural Services		
5. State of Incorporation MA			

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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Helen Bush Sittler			Vice-President Name		
Street Address 44 Wood Street			Street Address		
City Providence	State RI	Zip	City	State	Zip
Secretary Name Michael L. Keane			Treasurer Name Jane Duff Gleason		
Street Address 96 Coffax Street			Street Address Seahorse Lane		
City Fall River	State MA	Zip 02720	City Wareham	State MA	Zip 02571

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Helen Bush Sittler			Director Name Michael L. Keane		
Street Address 44 Wood Street			Street Address 96 Coffax Street		
City Providence	State RI	Zip	City Fall River	State MA	Zip 02720
Director Name Jane Duff Gleason			Director Name		
Street Address Seahorse Lane			Street Address		
City Wareham	State MA	Zip 02571	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	5000	COMMON	0

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.

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.

Name of Authorized Representative Jane Duff Gleason	Date 3/7/2019
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Signature of Authorized Representative 	FILED
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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

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 BY KL PPGMH
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 FORM 630 - Revised: 10/2017