



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

Annual Report for the year: 2019  
 Corporation

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 MAR 13 AM 11:47

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2019 APR 19  
 AM 11:15

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

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

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Helen Bush Sittler</b>			Director Name <b>Michael L. Keane</b>		
Street Address <b>44 Wood Street</b>			Street Address <b>96 Coffax Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>
Director Name <b>Jane Duff Gleason</b>			Director Name		
Street Address <b>Seahorse Lane</b>			Street Address		
City <b>Wareham</b>	State <b>MA</b>	Zip <b>02571</b>	City	State	Zip

9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<b>5000</b>	<b>COMMON</b>	<b>0</b>

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**

Signature of Authorized Representative: **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

APR 19 2019  
 BY **KL PPGMH**  
 11:17  
 FORM 630 - Revised: 10/2017