



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Corporation

2019 JUN 26 PM 2:13

- 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 <u>125577</u>		2. Exact name of the Corporation <u>Studio G Architects, Inc.</u>			
3. Principal Office Address <u>179 Boulston Street</u>		City <u>Jamaica Plain</u>		State <u>Mass</u>	Zip <u>02130</u>
4. NAICS Code <u>541310</u>		6. Brief description of the character of business conducted in Rhode Island <u>Architectural Design And Planning</u>			
5. State of Incorporation <u>MASS</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Gail Sullivan</u>			Vice-President Name <u>Sylvia MiHich</u>		
Street Address <u>56 Yale Terrace</u>			Street Address <u>32 Hill St.</u>		
City <u>Jamaica Plain</u>	State <u>MASS</u>	Zip <u>02130</u>	City <u>Lexington</u>	State <u>MASS</u>	Zip <u>02421</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>100 NPV</u>	<u>100 NPV</u>	
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 <u>COLLEEN FERVANTES</u>				Date <u>6/26/2019</u>	
Signature of Authorized Representative <u>[Signature]</u>				FILED JUN 26 2019 BY [Signature] 3AEGT	

MAIL TO:
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 Website: www.sos.ri.gov