

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

2005

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

Filing Period: January 1 - (FORM MUST BE TYPED OR PR		g Fee: \$50.00			
1 Corporate ID No. 110832	2. Name of Corporation Ronald F. DiMa	uro Architects, Inc.	· · · · · · · · · · · · · · · · · · ·		
3 Street Address Procepal Busines		····	New por	+ State RI	^{7.10} 02840
1. Business Phone No	,	5. State of Incorporation	,		6. SIC Code
7. Brief Description of the Charact TO PROVIDE ARCHIT	er of Business Conducted in a	RHODE ISLAND Rhode Island			7582
8. NAMES AND ADDRESS		: ("X" BOX FOR ATTA	CHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS
Ronald F.	Di Mauro	9	Vice President Name Ronald F	F. DiMauro	
24 Belle	rue Aver	148	Street Address 24 Belle	rue Avenu	ie
Newport	State	02840	New port	· State RI	02840
Ronald F.	DiMaur	<u>r</u> o	Ronald A	F. DiMauro	
24 Belle	vue Aven	40	Street Address Belle	evue Aver	148
Newport	State RI	02840	Newport	State RI	02840
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECTOR	RS: ("X" BOX FOR ATT	ACHMENT) 「 FILL I. : Director Name	N SPACES BEFORE USIN	G ATTACHMENTS
Konald t.	DiMau	xo	- Street Address		
24 Belle	vue Aver	nuc			
New Oart	State RT	02840	City	State	Zip
Director Name	J		Director Name		
Street Address			Street Address		
City	State	Zip	Gily	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	 WICHMENT)	11. SHARES ISSUED ISSUED SHARES	 ("X" BOX FOR ATTACHA	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value
8,000 COMM \$.01 PAR V	ALUE		100	Common	. Ol Par Value
This report must b	e signed in ink by cith	ner the President, Vice P	resident, Secretary, Assist	ant Secretary, Treasurer, R	leceiver or Trustee
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	E181 11841 11811 88181 18181				at I have examined this report, ments, and that all statements
1.1.		7	contained/herein are	office and correct.	
File Date	7.7		Signature of Officer	O P	7 / 1 0.5 Date
Check No 5385	· · · · · · · · · · · · · · · · · · ·		Ronald 1	F. Di Maure	<u> </u>
By: V		_	Print or Type Name	of Officer	
FOR SECRETARY OF	STATE USE ONLY		Tresid	en-1	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

Matthew A. Brown, Secretary of State 401.2

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___ Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 110832 Ronald F. DiMauro Architects, Inc. State 02840 6. SIC Code 5. State of Incorporation RHODE ISLAND 7682 7. Brief Description of the Character of Business Conducted in Rhode TO PROVIDE ARCHITECTURE SERVICES. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name DiMauro Konald F O2840 02840 02840 FILL IN SPACES BEFORE USING ATTACHMENTS Street Address ZIP. State Director Name Street Address Street Address ΖФ State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Par Value Number of Shares Class/Series Number of Shares Class/Series # ,01 Par Value Common 8,000 COMM \$.01 PAR VALUE 100 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 hemirpare true and correct. File Date Signature of Office FOR SECRETARY OF STATE USE ONLY

Title of Officer



**110832* 1/17/0312:06:57 PM*

FOR SECRETARY OF STATE USE ONLY

File Date

Check No

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No *110832* Ronald F. DiMauro Architects, Inc. 3. Street Address Principal Business Office State Zıp 2**♯** BELLEVUE AVENUE NEWPORT RT 02840-4. Business Phone No. 5 State of Incorporation 6 SIC Code 4018466868 RHODE ISLAND 7682 7 Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ARCHITECTURE SERVICES. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Ronald F. DiMauro Street Address Street Address 2# Bellevue Avenue City City State State Newport 02840 Secretary Name Treasurer Name Ronald F. DiMauro Ronald F. DiMauro Street Address Street Address 2**₡** Bellevue Avenue . 2**∯** Bellevue Avenue City City State ZipState Zip 02840 Newport RI .Newport RI 02840 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR TTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Ronald F. DiMauro Street Address Street Address 2# Bellevue Avenue Zip City State State City 02840 Newbort RI Director Name Director Name Street Address Street Address City State City Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Par Value Class/Series Number of Shares Par Value Number of Shares Class/Series 8,000 COMM \$.01 PAR VALUE 100 Common \$.01 par valu This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Ronald F. DiMauro

Print or Type Name of Officer

President

Title of Officer, Form 630 12/01

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.



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002



riting rerioa: jan	uary 1-March 1 •	Filing Fee: \$50.00			INSTRUCTI
(FORM MUST BE TYPED I	IN BLACK)				
1. Corporate ID No.	2. Name of Corporat			•	
110832		Mauro Architects, Inc.			
3. Sircei Address Principal Bi 24 Bellev	usiness office rue Avenue		Newport	State RI	02840
4. Business Phane No.		5. State of Incorporation			6. SIC Code
- 461) 846. 7. Brief Description of the Ch	- 6868 naracter of Business Conducted in	RHODE ISLAND 1 Rhode Island			7682
To provi	de architectu	ural bervices			
		CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES B	EFORE USING ATTACE	HMENTS
Ronald F.	DiMauro				
Street Address			Street Address		
24 Belle	rue Avenue				
Newport		02840	City	State	Zip
Secretary Name			Treasurer Name		
Street Address	DiMauro		Ronald F. D.	Mauro	
24 Belli	erue Avenue		24 Bellevue	e Avenue	
Newport	State	02840	Street Address 24 Bellevue City Newport	State RI	Zip 02840
9. NAMES AND ADD	DRESSES OF THE DIRE	CTORS ("X" BOX FOR ATT)	ACHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
Pirector Name Ronald	F. DiMauro		Director Name		
ilieel Addiess 24 Be	llevue Aven	ue	Street Address		
illy Newpor	llevue Avend + RI	02840	Clly	State	Zip
Director Name	•		Director Name		
treet Address			Street Address		
Sity	State	Zip	City	State	Zip
10. SHARES AUTHOR	RIZED (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHMENT)	·
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
					8.01 Par

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

· 3



File Date:	2-12-02	
Check No.:	3949	
Ву:	2-	
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.

Ronald F. Di Mauro

Title of Officer

Form 630 12/01



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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PLEASE	READ TIONS
A. S.	

IFORM MUST BE TYPED IN BLA	ICK)				
I. Corporate ID No.	2. Name of Corporation				
110832	Ronald F. (DiMauro Architects,	. Inc.		
3. Street Address Principal Business	Office		City	State	Zip
28 Bellevue Avenue			Newport	RI	02840
. Business Phone No. 15 State of Incorporation		- · · ·		6. SIC Code	
(401) 846-6868	(401) 846-6868 Rhode Islan		nd -		7682
7. Brief Description of the Characte	r of Business Conducted in R	hade Island	··		···
To provide architect	ure services				
3. NAMES AND ADDRES	SES OF THE OFFICE	ERS ("X" BOX FOR ATTAC	HMENT) DFILL IN SPACE	S BEFORE USING ATTACI	HMENTS
President Name			Vice President Name		
Ronald F. DiMauro					
Street Address			Street Address		
28 Bellevue Avenue			_		
City	State	Zip	City	State	Zip
Newport	<u>l</u> RI	02840			
Sciretary Name	_		Treasurer Name		•
Ronaid F. DiMauro			Ronaid F. DiMauro		
Street Address			Street Address		
28 Bellevue Avenue			28 Bellevue Avenue		
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
	SES OF THE DIREC	TORS ("X" BOX FOR AT	TACHMENT) DEILL IN SPA	CES BEFORE USING ATTA	CHMENTS
Director Name			Director Name		
Ronald F. DiMauro					
Street Address			Street Address		
28 Bellevue Avenue				· • • · · · · · · · · · · · · · · · · ·	
City	State	Zip	City	State	Zip
Newport	R1	02840			
Director Name			Director Name		
		. <u></u>		···	
Street Address			Street Address		
	·				<u></u>
City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZE	D ("X" BOX FOR ATTAC	HMENT) 🖸		("X" BOX FOR ATTACHMENT	0 0
AUTHORIZED SHARES	t · ·	1	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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8,000	Common	\$.01 Par	100	Common	3.01 Fair
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	1/9/2001
ilc Date: - ** heck No.:	3498
y:	06

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.

P11-171 -46/0

Signature d'Officer Dute Vinne

Ronald F. DiMauro
Print or Type Name of Officer

President
Title of Officer