



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. 106433		2. Name of Corporation Miller Dyer Spears inc.			
3. Street Address Principal Business Office 286 CONGRESS ST.			City BOSTON	State MA	Zip 02210
4. Business Phone No. (617) 338-5350		5. State of Incorporation MASSACHUSETTS		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURAL AND PLANNING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MYRON MILLER			Vice President Name		
Street Address 247 COMMONWEALTH AVE, UNIT D			Street Address		
City BOSTON	State MA	Zip 02116	City	State	Zip
Secretary Name JANET B. FIERMAN			Treasurer Name DANIEL DYER		
Street Address 1109 CLARK ST			Street Address 46 CLARENDON ST		
City BROOKLINE	State MA	Zip 02445	City NEWTON	State MA	Zip 02460
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MYRON MILLER			Director Name DANIEL DYER		
Street Address 247 COMMONWEALTH AVE, UNIT D			Street Address 46 CLARENDON ST		
City BOSTON	State MA	Zip 02116	City NEWTON	State MA	Zip 02460
Director Name WILLIAM SPEARS			Director Name		
Street Address 27 KENWOOD ST			Street Address		
City BROOKLINE	State MA	Zip 02445	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
20,000	COMM	\$10.00 PAR VALUE	7,500		75,000

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



106433

FILED

File Date: MAR 07 2005 1555

Check No. _____

By: MB

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 of Officer: Myron Miller Date: 03/01/05

Print or Type Name of Officer: MYRON MILLER

Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 106433 2. Name of Corporation Miller Dyer Spears, Inc.
3. Street Address Principal Business Office 286 Congress Street Boston MA 02210
4. Business Phone No (617) 338-5350 5. State of Incorporation MA 6. SIC Code 7682
7. Brief Description of the Character of Business Conducted in Rhode Island

Architectural Services

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

President Name Myron Miller Vice President Name Daniel J. Dyer
Street Address 247 Commonwealth Ave., Unit D Street Address 46 Clarendon Street
City Boston State MA Zip 02116 City Newton State MA Zip 02160
Secretary Name Janet B. Fierman Treasurer Name Daniel J. Dyer
Street Address 169 Clark Rd. Street Address 46 Clarendon Street
City Brookline State MA Zip 02445 City Newton State MA Zip 02160

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

Director Name Myron Miller Daniel Dyer
Street Address 247 Commonwealth Ave, Unit D Street Address 46 Clarendon Street
City Boston State MA Zip 02146 City Newton State MA Zip 02160
Director Name William C. Spears
Street Address 27 Kenwood Street
City Brookline State MA Zip 02146

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

AUTHORIZED SHARES	Class/Series	Par Value
20,000	common	200,000.

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

ISSUED SHARES	Class/Series	Par Value
7,500	common	75,000

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

File Date 10-4-04
Check No. 15199
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 of Officer [Signature] Date Sep. 20, 2004
MYRON MILLER
Print or Type Name of Officer
PRESIDENT
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 IN BLACK)

1. Corporate ID No. 106433		2. Name of Corporation Miller Dyer Spears Inc.			
3. Street Address Principal Business Office 286 CONGRESS STREET			City BOSTON	State MA	Zip 02210-
4. Business Phone No. 6173385350		5. State of Incorporation MASSACHUSETTS			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURAL AND PLANNING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Myron Miller			Vice President Name		
Street Address 247 Commonwealth Avenue, Unit D			Street Address		
City Boston	State MA	Zip 02116-1665	City	State	Zip
Secretary Name William C. Spears			Treasurer Name Daniel J. Dyer		
Street Address 27 Kenwood Street			Street Address 46 Clarendon Street		
City Brookline	State MA	Zip 02446	City Newton	State MA	Zip 02460
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Myron Miller			Director Name Daniel J. Dyer		
Street Address 247 Commonwealth Avenue, Unit D			Street Address 46 Clarendon Street		
City Boston	State MA	Zip 02116-1665	City Newton	State MA	Zip 02460
Director Name William C. Spears			Director Name		
Street Address 27 Kenwood Street			Street Address		
City Brookline	State MA	Zip 02446	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
20,000	Comm	\$10.00 PAR	7,500	Common	\$10.00

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



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106433 FBC 09/05/03 04:26:49 PM
File Date 9-9-03
Check No. 3879
By: W
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.

William Spears 9.5.03
Signature of Officer Date
William Spears
Print or Type Name of Officer
Secretary
Title of Officer



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. 106433 2. Name of Corporation Miller Dyer Spears Inc.
3. Street Address Principal Business Office 286 Congress Street City Boston State MA Zip 02210
4. Business Phone No. 617-338-5350 5. State of Incorporation MASSACHUSETTS 6. SIC Code 7682
7. Brief Description of the Character of Business Conducted in Rhode Island Architecture/Planning/ Interior Design

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

President Name <u>Myron Miller</u> Street Address <u>43 Sumner Road</u> City <u>Brookline</u> State <u>MA</u> Zip <u>02445-5825</u>	Vice President Name Street Address City State Zip
Secretary Name <u>William C. Spears</u> Street Address <u>27 Kenwood Street</u> City <u>Brookline</u> State <u>MA</u> Zip <u>02446</u>	Treasurer Name <u>Daniel J. Dyer</u> Street Address <u>46 Clarendon Street</u> City <u>Newton</u> State <u>MA</u> Zip <u>02460</u>

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

Director Name <u>Myron Miller</u> Street Address <u>43 Sumner Road</u> City <u>Brookline</u> State <u>MA</u> Zip <u>02445-5825</u>	Director Name <u>Daniel J. Dyer</u> Street Address <u>46 Clarendon Street</u> City <u>Newton</u> State <u>MA</u> Zip <u>02460</u>
Director Name <u>William C. Spears</u> Street Address <u>27 Kenwood Street</u> City <u>Brookline</u> State <u>MA</u> Zip <u>02446</u>	

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>20,000 COMM \$10.00 PAR</u>		

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

ISSUED SHARES	Class/Series	Par Value
<u>7,500</u>	<u>Common</u>	<u>\$10.00</u>

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



* 1 0 6 4 3 3 *

File Date: 2-26-02
Check No.: 3704
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 of Officer: [Signature] Date: 2/25/02
Print or Type Name of Officer: WILLIAM SPEARS

Title of Officer: SECRETARY



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. 106433		2. Name of Corporation Miller Dyer Spears Inc.			
3. Street Address Principal Business Office 286 Congress Street			City Boston	State MA	Zip 02210
4. Business Phone No. 617-338-5350		5. State of Incorporation Massachusetts		6. SIC Code 8712	
7. Brief Description of the Character of Business Conducted in Rhode Island Architecture/Planning/Interior Design					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Myron Miller			Vice President Name None		
Street Address 43 Sumner Road			Street Address		
City Brookline	State MA	Zip 02445-5825	City	State	Zip
Secretary Name William C. Spears			Treasurer Name Daniel J. Dyer		
Street Address 27 Kenwood Street			Street Address 46 Clarendon Street		
City Brookline	State MA	Zip 02446	City Newton	State MA	Zip 02460
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Myron Miller			Director Name Daniel J. Dyer		
Street Address 43 Sumner Road			Street Address 46 Clarendon Street		
City Brookline	State MA	Zip 02445-5825	City Newton	State MA	Zip 02460
Director Name William C. Spears			Director Name None		
Street Address 27 Kenwood Street			Street Address		
City Brookline	State MA	Zip 02446	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000	Common	\$10.00	7,500	Common	\$10.00

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

File Date: 10-2-01
 Check No.: 3633
 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] 10-1-01
 Signature of Officer Date
Myron Miller
 Print of Type Name of Officer
President
 Title of Officer



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. **106433** 2. Name of Corporation **Miller Dyer Spears Inc.**
3. Street Address Principal Business Office
286 Congress Street
4. Business Phone No. **617-338-5350** 5. State of Incorporation **MASSACHUSETTS**

City **Boston** State **MA** Zip **02210**
6. SIC Code **8712**

7. Brief Description of the Character of Business Conducted in Rhode Island
Architecture/Planning/Interior Design

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

President Name **Myron Miller**
Street Address
43 Sumner Street
City **Brookline** State **MA** Zip **02445-5825**

Vice President Name
Street Address
City State Zip

Secretary Name **William C. Spears**
Street Address
27 Kenwood Street
City **Brookline** State **MA** Zip **02446**

Treasurer Name **Daniel J. Dyer**
Street Address
46 Clarendon Street
City **Newton** State **MA** Zip **02460**

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

Director Name **Myron Miller**
Street Address
43 Sumner Road
City **Brookline** State **MA** Zip **02445-5825**
Director Name **William C. Spears**
Street Address
27 Kenwood Street
City **Brookline** State **MA** Zip **02446**

Director Name **Daniel J. Dyer**
Street Address
46 Clarendon Street
City **Newton** State **MA** Zip **02460**

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
20,000 COMM \$10.00 PAR

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

ISSUED SHARES
Number of Shares Class/Series Par Value
7,500 Common \$10.00

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



* 1 0 6 4 3 3 *

File Date: 3/1/00
Check No.: 3412
By: cu

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.

Daniel J. Dyer 2/29/00
Signature of Officer Date
Daniel J. Dyer
Print or Type Name of Officer
Treasurer
Title of Officer