



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

Annual Report for the year: **2017**
Corporation

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

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CORPORATIONS DIVISION
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SECRETARY OF STATE
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1. Entity ID Number 000161794		2. Exact name of the Corporation Christopher Hall Architect, Inc.	
3. Principal Office Address 1 Walnut Street		City Boston	State MA
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island Architectural Services	
5. State of Incorporation Massachusetts			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Christopher R. Hall		Vice-President Name	
Street Address 65 Anderson Street		Street Address	
City Boston	State MA	Zip 02114	
Secretary Name Katherine Kiefer		Treasurer Name Christopher Hall	
Street Address 55 Pleasant Street		Street Address 65 Anderson Street	
City Lexington	State MA	Zip 02173	
City Boston		State MA	Zip 02114
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Christopher R. Hall		Director Name	
Street Address 65 Anderson Street		Street Address	
City Boston	State MA	Zip 02114	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
City		State	Zip
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		50,000	1.00
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 Christopher R. Hall		Date 10/22/19	
Signature of Authorized Representative 		SIGN DOCUMENT HERE 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

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FORM 630 - Revised: 02/2017