



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

Annual Report for the year: 2015
Corporation

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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 OCT 22 AM 10:59
OFFICE OF STATE CLERK

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	Zip 02108	
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	City	State	Zip	
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	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	
		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. <i>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.</i>						
Name of Authorized Representative Christopher R. Hall					Date 10/22/19	
Signature of Authorized Representative 					SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

OCT 22 2019

BY AM YVJ

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 FORM 630 - Revised: 02/2017