



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

Annual Report for the year: 2012
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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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------|------------------------------------------------------------------|------------------------------------------------------------------|
| 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. | | | | | | |
| 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 | | |

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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 BY Ch. MYVVT 11:03