State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE MP
CORPORATIONS DIV

2019 OCT 22 AM 11:00 SECRETARY OF STATE ONLY

Annual Report for the year: 2010

Corporation

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

1. Entity ID Number	2. Exact name of the Corporation
000161794	Christopher Hall Architect, Inc.

3. Principal Office Address	City	State	Zip
1 Walnut Street	Boston	MA	02108

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541310	Architectural Services
5. State of Incorporation	
Massachusetts	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Christopher R. Hall	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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BY

FORM 630 - Revised: 02/2017