



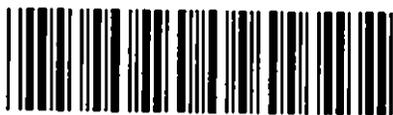
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 125247		2. Name of Corporation Gorman Richardson Architects, Inc.			
3. Street Address Principal Business Office 77 Main Street			City Hopkinton	State MA	Zip 01748
4. Business Phone No. 508-497-2590		5. State of Incorporation MASSACHUSETTS			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PROVIDING ARCHTECTURAL AND INTERIOR DESIGN SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael T. Gorman			Vice President Name Craig Y. Richardson		
Street Address 161 Mechanic Street			Street Address 41 Wood Street		
City Upton	State MA	Zip 01568	City Hopkinton	State MA	Zip 01748
Secretary Name Lucy Goodman			Treasurer Name Craig Y. Richardson		
Street Address 7 Carpenter Hill Road			Street Address 41 Wood Street		
City Upton	State MA	Zip 01568	City Hopkinton	State MA	Zip 01748
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael T. Gorman			Director Name Craig Y. Richardson		
Street Address 161 Mechanic Street			Street Address 41 Wood Street		
City Upton	State MA	Zip 01568	City Hopkinton	State MA	Zip 01748
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500 COMM NO PAR VALUE			300	Common	12,500

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



File Date **FILED**
Check No. FEB 24 2005 016372
By: KB
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.

Lucy Goodman 2/21/05
Signature of Officer Date
Lucy Goodman
Print or Type Name of Officer
Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PROVIDING ARCHTECTURAL AND INTERIOR DESIGN SERVICES					
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City Upton	State MA	Zip 01568	City Hopkinton	State MA	Zip 01748
Secretary Name Lucy Goodman			Treasurer Name Craig P. Richardson		
Street Address 7 Carpenter Hill Road			Street Address 41 Wood Street		
City Mendon	State MA	Zip 01756	City Hopkinton	State MA	Zip 01748
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael T. Gorman			Director Name Craig P. Richardson		
Street Address 161 Mechanic Street			Street Address 41 Wood Street		
City Upton	State MA	Zip 01568	City Hopkinton	State MA	Zip 01748
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
12,500 COMM NO PAR VALUE			200	Common	14.500

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



* 1 2 5 2 4 7 *

File Date 4/16/04
Check No. 009171
By: LS

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 Lucy Goodman Date _____
Print or Type Name of Officer Lucy Goodman
Title of Officer Secretary



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **125247** 2. Name of Corporation **Gorman Richardson Architects, Inc.**
3. Street Address Principal Business Office **77 Main Street** City **Hopkinton** State **MA** Zip **01748**
4. Business Phone No. **508-497-2590** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Architectural Design Services

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

President Name Michael T. Gorman Street Address 161 Mechanic Street City Upton State MA Zip 01568	Vice President Name Craig P. Richardson Street Address 41 Wood Street City Hopkinton State MA Zip 01748
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Secretary Name Lucy Goodman Street Address 7 Carpenter Hill Road City Mendon State MA Zip 01756	Treasurer Name Craig P. Richardson Street Address 41 Wood Street City Hopkinton State MA Zip 01748
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Michael T. Gorman Street Address 161 Mechanic Street City Upton State MA Zip 01568	Director Name Craig P. Richardson Street Address 41 Wood Street City Hopkinton State MA Zip 01748
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	12,500	COMM NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	None		

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



* 1 2 5 2 4 7 *

File Date: **4-1-03**
Check No.: **8103**
By: **ICP**

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: **4-24-03**
Print or Type Name of Officer: **Craig P. Richardson**
Title of Officer: **Vice President**