STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
141148	Graham/Meus, Inc.			
3. Street Address Principal Business Office		City	State	Zip
6 EDGERLY PLACE		BOSTON	MA	02116-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
617-423-9399	MASSACHUSETTS			7682

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE ARCHITECTURAL DESIGN SERVICES

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

President Name			Vice President Name		
Gary L. Graham, FAIA			None		
Street Address			Street Address		
1289 Anthony Road					
City	State	Zip	City	State	Zip
Portsmouth	RI	02871			
Secretary Name			Treasurer Name		
Karen A. Meus (Clerk)			Daniel L. Meus, AIA		
Street Address			Street Address		
12 Hibbard Road			12 Hibbard Road		
City	State	Zip	City	State	Zip
Newton	MA	02458	Newton	MA	02458

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Gary L. Graham, FAIA			Daniel L. Meus, AIA		
Street Address			Street Address		
1289 Anthony Road			12 Hibbard Road		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Newton	MA	02458
Director Name			Director Name		
Karen A. Meus			None		
Street Address			Street Address		
12 Hibbard Road					
City	State	Zip	City	State	Zip
Newton	MA	02458			

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SECRETARY OF STATE
CORPORATIONS DIV.

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐			11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
200,000 COMM NO PAR VALUE			600	CLASS A	0.00
			600	CLASS B	0.00

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

[redacted] 1 4 1 1 4 8 [redacted]

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141148 FBC 02/03/05 12:13:27 PM
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Check No. By M57630
By: GM
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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 *Date* 14 Feb 2005
Gary L. Graham, FAIA
Print or Type Name of Officer
President
Title of Officer

Form 630 12/01