



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 139855 2. Name of Corporation RGB Architecture and Engineering, Inc.
3. Street Address Principal Business Office 50 HOLDEN STREET City PROVIDENCE State RI Zip 02908
4. Business Phone No 272-1730 5. State of Incorporation RHODE ISLAND 6 SIC Code

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

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

President Name JAMES R. CARLSON Vice President Name
Street Address 50 HOLDEN STREET Street Address
City PROVIDENCE State RI Zip 02908 City State Zip

Secretary Name DAVID L. DeQUATTRO Treasurer Name JEFFREY A. HATCHER
Street Address 50 HOLDEN STREET Street Address
City PROVIDENCE State RI Zip 02908 City State Zip

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

Director Name JAMES R. CARLSON Director Name DAVID L. DeQUATTRO
Street Address 50 HOLDEN STREET Street Address
City PROVIDENCE State RI Zip 02908 City State Zip
Director Name JEFFREY A. HATCHER Director Name RUSSELL J. FERLAND
Street Address 50 HOLDEN STREET Street Address
City PROVIDENCE State RI Zip 02908 City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES
Number of Shares Class/Series Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES
Number of Shares Class/Series Par Value

100 Common no par

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

Signature of Officer James R. Carlson Date 9/27/05

Print or Type Name of Officer
James R. Carlson

Title of Officer
President

139855 DBC 09/27/05 03:07:58 PM

File Date 9/28/05

Check No 17429

By JMD

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