

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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Matn Street Providence, RI 02903-1335

vidence, 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 MOST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No 2 Name of Corporation 59358 ARCHITECTURAL RESOURCES, INCORPORATED 3 Street Address Principal Business Office SOUTH MAIN R/ PROVID<u>ENCE</u> 02903 5. State of Incorporation 6. SIC Code (401) 861-1960 RHODE ISLAND 7682 7 Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURAL DESIGN 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS ROBERT M. STILLINGS NONE Street Address Street Address City State 02806 Sincel Address 2 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE NONE Street Address Street Address Zip State Zip Director Name NONE NONE Strey Address Street Address Cay State Zip City State 240 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 1,000 NO PAR VALUE 500 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

| Inder penalty of parjury, I declare and affir | in that I have examined this report. |
|---|--------------------------------------|
| ncluding any scommuning sonedules of          | Astatements, and that all statements |
| NOOHMXWUK                                     | ) 26 JAN 2005                        |
| gnature of Officer                            | Date                                 |
| ROBERT M. STILLING                            | 5                                    |
| rint or Type Name of Officer                  |                                      |
| PRESIDENT                                     |                                      |
| itle of Officer                               |                                      |

Form 630 Rev. 12/03



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 2004 Filing Period: January 1 - March 1 ... Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 59358 ARCHITECTURAL RESOURCES, INCORPORATED 3 Street Address Principal Business Office R.], SOUTH MAIN STRE 02903 5. State of Incorporation 6. SIC Code (401 RHODE ISLAND 7682 of Description of the Character of I. ARCHITECTURAL DESIGN of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name ROBERT M. STILLINGS NOME Street Addr Street Address Zip Zip R.I. 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE NOME Street Address Street Address Zip State City State Z.Ip Director Name Director Name NONE. NONE Street Address Street Address City State Zip City State Zip 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 1,000 NO PAR VALUE NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

|                     | * 5 9 3 5 8 *                   |
|---------------------|---------------------------------|
| File Date Check No. | 2.07.09<br>5267                 |
| Ву:                 | FOR SECRETARY OF STATE USE ONLY |

| Under penalty of perjury. I declare and affirm to  | nat I have examined this report |
|--|---------------------------------|
| including any accompanying schedulo and state continued repending and any or an |                                 |
| NAGYMXILLE C   | 25 FEB 2004                     |
| Signature of Officer  ROBERT M. STILLINGS  | Date                            |
| Print or Type Name of Officer  PRESIOSNT   |                                 |
| Title of Officer   |                                 |



2 28-02

File Date: \_

Check No.: \_

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00



| TOWN MOST BE THEN IN BES             | IICK/                   |                        |   |                                       |                             |
|--------------------------------------|-------------------------|------------------------|---|---------------------------------------|-----------------------------|
| 1. Corporate ID No.                  | 2. Name of Corpor       | ation                  | <del></del>                                   |                                       | <u>-</u>                    |
| 59358                                | ARCHITEC'               | TURAL RESOURCES, I     | NCORPORATED                                   |                                       |                             |
| 3. Street Address Principal Business | Office                  |                        | City  | State                                 | Z.ip                        |
| 545 South Mair                       | Street                  |                        | Providence                                    | RÍ                                    | 02903                       |
| 4. Rusiness Phone No.                | . 001000                | 5. State of Incorporat |   | 1/1                                   | 6. SIC Code                 |
| 401-861-1960                         |                         | RHODE ISLA             |   |                                       | 7682                        |
| 7. Brief Description of the Characte | r of Business Conducted |                        | טוור  |                                       | , voe                       |
| Architectural                        | Design                  |                        |   |                                       |                             |
| 8. NAMES AND ADDRES                  | SES OF THE OFF          | ICERS ("X" BOX FOR AT  | TACHMENT) FILL IN SPACES  Vice President Name | BEFORE USING ATTA                     | CHMENTS                     |
| Robert M. Stil                       | llings                  |                        | N/A   |                                       |                             |
| 2 Connor Lane                        |                         |                        | Street Address                                |                                       |                             |
| City                                 | F4-4-                   | (0).                   | <u>.</u>                                      |                                       |                             |
|                                      | State                   | Ζ( <b>r</b><br>02006   | Clly  | State                                 | Zip                         |
| Barrington                           | RI                      | 02806                  |   |                                       |                             |
| Secretary Name                       |                         |                        | Treasurer Name                                |                                       |                             |
| N/A                                  |                         | -                      | : N/A   |                                       |                             |
| Street Address                       |                         |                        | Street Address                                |                                       |                             |
| C.m.                                 |                         |                        | •   |                                       |                             |
| Cuy                                  | State                   | Zip                    | City  | State                                 | Zip                         |
| 9. NAMES AND ADDRES                  | SES OF THE DIR          | ECTORS (*X* BOX FOR    | ATTACHMENT) FILL IN SPACE                     | S BEFORE USING AT                     | TACHMENTS                   |
| N/A                                  |                         |                        | •   |                                       |                             |
| Street Address                       |                         |                        | Street Address                                |                                       |                             |
|                                      |                         |                        | •<br>•  |                                       |                             |
| City                                 | State                   | Zip                    | City  | State                                 | Zip                         |
| Disease Mana                         |                         |                        |   | ••                                    |                             |
| Director Name                        |                         |                        | Director Name                                 |                                       |                             |
| Street Address                       |                         |                        | :<br>Street Address                           |                                       |                             |
|                                      |                         |                        | , and the state of                            |                                       |                             |
| City                                 | State                   | Zip .                  | City  | State                                 | Zip                         |
|                                      |                         |                        |   |                                       | ·· <b>,</b>                 |
| 10. SHARES AUTHORIZE                 | D (*x* box for ati)     | ACHMENT)               | 11. SHARES ISSUED (*)                         | X* BOX FOR ATTACHMEN                  | rri Ti                      |
| AUTHORIZED SHARES                    | •                       |                        | ISSUED SHARES                                 | · · · · · · · · · · · · · · · · · · · |                             |
| Number of Shares                     | Class/Series            | Par Value              | Number of Shares                              | Class/Series                          | Par Value M D               |
| 1,000 NO PAR VALUE                   |                         | -                      | 500   | •                                     | Par Value No Par            |
| 1,000 110 1 AIR VALUE                |                         |                        | 300   |                                       | Value                       |
|                                      |                         | •                      | · †   | •                                     | •                           |
|                                      |                         |                        |   |                                       |                             |
|                                      |                         |                        |   |                                       |                             |
| his report must be sign              | ed in ink by eith       | ier the President, Vi  | ce President, Secretary, Assis                | tant Secretary, Treas                 | surer, Receiver or Trustee  |
|                                      |                         |                        |   |                                       |                             |
|                                      |                         |                        |   |                                       |                             |
|                                      |                         |                        |   |                                       |                             |
|                                      | 5 0 Z C 2               | 11 ( <b>11)</b><br>•   | Under nonalty Af nor                          | lury. I declare and affir             | m that I have examined      |
| ^                                    | , , <u>,</u> , 0        |                        | <b>A</b> 11                                   | ,                                     | hedules and statements, and |
|                                      | _                       | •                      | 7777777                                       |                                       | p.a.c.,, bild               |

Print or Type Name of Officer

Title of Officer

S

Form 630 12/01

in are true and correct.

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

| Filing Period: Janua (FORM MUST BE TYPED IN 1 |                     |                         | ,                        |                        | INSTRUCTED   |
|---|---------------------|-------------------------|--------------------------|------------------------|--------------|
| 1. Corporate ID No.                           | 2. Name of Corpor   | atlon -                 |                          |                        |              |
| 59358   | ARCHITEC            | TURAL RESOURCES         | , INCORPORATED           |                        |              |
| 3. Street Address Principal Busin             | ess Office          |                         | City                     | State                  | Zip          |
| 545 South Main                                | Street              |                         | Providence               | RI                     | 02903        |
| 4. Business Phone No.                         |                     | 5. State of Incorporati |                          | 1/1                    | 6. SIC Code  |
| 401-861-1960                                  |                     | RHODE ISL               | AND                      |                        | 7682         |
| 7. Brief Description of the Chara             |                     | in Rhode Island         |                          |                        |              |
| Architectural I                               | _                   |                         |                          |                        |              |
|   | ESSES OF THE OFF    | ICERS (*X* BOX FOR AT   | TACHMENT) FILL IN SPACE  | S BEFORE USING ATTA    | CHMENTS      |
| President Name                                |                     |                         | Vice President Name      |                        |              |
| Robert M. Still                               | .ings               |                         | None                     |                        |              |
| Street Address 2 Connor Lane                  |                     |                         | Street Address           |                        |              |
|   |                     |                         | _                        |                        |              |
| City<br>Parrington                            | State               | 7.lp                    | Glly                     | State                  | ZIP          |
| Barrington Secretary Name                     | RI                  | 02806                   | There was Manua          |                        |              |
| Robert M. Still                               | inas                |                         | Theasurer Name           |                        |              |
| Street Address                                | 11193               |                         | Street Address           |                        |              |
| 2 Connor Lane                                 |                     |                         | 3.111.7.111.7.3          |                        |              |
| Gity  | State               | Zip                     | City                     | State                  | Zip          |
| Barrington                                    | RI                  | 02806                   | ••••                     | ,                      | , <b>.</b> , |
| 9. NAMES AND ADDR<br>Director Name            | ESSES OF THE DIR    | ECTORS (*X* BOX FOR )   | ATTACHMENT) FILL IN SPAC | ES BEFORE USING AT     | TACHMENTS    |
| N/A   |                     |                         |                          |                        | •            |
| Street Address                                |                     |                         | Street Address           |                        |              |
|   |                     |                         |                          |                        |              |
| City  | State               | Zip                     | City                     | State                  | Zip          |
| 127   |                     |                         |                          |                        |              |
| Director Kame                                 |                     |                         | Director Name            |                        |              |
| N/A<br>Street Address                         |                     |                         | Street Address           |                        |              |
| Z Manify.                                     |                     |                         | Street Maaress           |                        |              |
| Chy   | State               | Zip                     | Clly                     | State                  | Z(p          |
| 10. SHARES AUTHORIZ                           | ED (*x* box for att | ACHMENT)                | 11. SHARES ISSUED        | ("X" BOX FOR ATTACHMEN | T)           |
| Number of Shares                              | Class/Serles        | Par Value               | Number of Shares         | Class/Series           | Par Value    |
| 1,000 NO PAR V                                | ALUE                |                         | 500                      |                        | No Par Value |

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

Title of Officer



| File Date: _ | 1-19-01                 |  |
|--------------|-------------------------|--|
| Check No.:   | 4434                    |  |
| Ву:          |                         |  |
| COD CTCDET   | TABV OF STATE LISE ONLY |  |

Under penalty of perjury, I declare and affirm that I have examined indline any accompanying schedules and statements, and entire and correct. Date Robert M. Stillings President

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

| (FORM | MUST | BE | TYPED | IN | BLACK) |
|-------|------|----|-------|----|--------|
|-------|------|----|-------|----|--------|

SOISE

1. Corporate ID No.

2. Name of Corporation

|   |        | -       |      | -      |     |
|---|--------|---------|------|--------|-----|
| 3 | Steast | Addiage | Pele | iclast | D., |

ARCHITECTURAL RESOURCES, INCORPORATED

l. Street Address Principal Business Office 545 South Main Street

Providence

State RI Zip

4. Business Phone No.

5. State of Incorporation

02903

6. SIC Code

401-861-1960

RHODE ISLAND

7682

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

| Architectural Design | ุรท |
|----------------------|-----|
|----------------------|-----|

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

Street Address

Vice President Name None

Robert M. Stillings

Street Address

2 Connor Lane

02806

ZID

Barrington

RI

Secretary Name

Treasurer Name

Robert M. Stillings

Street Address

Street Address

2 Connor Lane

City

State

Zip

State

Zip

RI Barrington

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

02806

Director Name

N/A Street Address

Street Address

City

City

City

State

Z/p

Director Name

N/A

Street Address

State

Zip

Zip

Director Name

Street Address

City

State

210

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

AUTHORIZED SHARES Number of Shares

ISSUED SHARES

Number of Shares

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

Class/Series

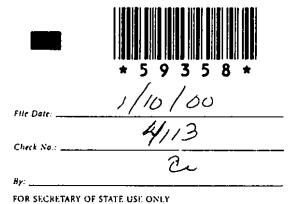
Par Value

1,000 SHS NO PAR VAL

500

No Par Value

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



| <ul> <li>Under penalty of perjury, I declare and affirm that</li> </ul> | t I have examined     |
|---|-----------------------|
| this report, including any accompanying schedule                        | s and statements, and |
| that all state wents contained herein are true and                      | correct.              |
| MANULA 5  | JAN 2000              |
| Signature of Officei  | Date                  |
| ROBERT M. STILLINGS Print or Type Name of Officer                       | <del></del>           |
| a time by appe assume of exitings                                       |                       |



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PH M RI W INTRICTIONS

Titing fee, \$50.00

| (FORM MUST BE TYPED IN           |   |                                       |                                    |  |                               |
|----------------------------------|---|---------------------------------------|------------------------------------|--|-------------------------------|
| 1. Corporate ID No.              | 2. Name of Corp                         |                                       |                                    | <del></del>  |                               |
| 59358                            |   | CTURAL RESOURCE                       | ES, INCORPORATED                   |  | :                             |
| 3. Street Address Principal Bus  |   |                                       | City                               | State  | Zip                           |
| 545 South Main                   | n Street                                |                                       | Providence                         | RI   | 02903                         |
| 4. Business Phone No.            |   | 5. State of Incorporat                |                                    |  | 6. SIC Code                   |
| -                                | 401-861-1960 RHODE ISLAN                |                                       |                                    |  | 7682                          |
| 7. Brief Description of the Cha  |   | rd In Rhade Island                    | •                                  |  |                               |
| Architectural                    |   |                                       |                                    |  |                               |
| 8. NAMES AND ADD                 | RESSES OF THE OF                        | FFICERS ("X" BOX FOR AT               | fachment) 🔲 Fill in Spac           | ES BEFORE USING AT   | TACHMENTS                     |
| President Name Robert M. Stil    | llingo                                  |                                       | Vice President Name                |  |                               |
| Street Address                   | <del></del>                             | <del></del> .                         | None                               | ·  |                               |
| 2 Connor Lane                    |   |                                       | Street Address                     |  |                               |
| City                             | State                                   | Zip                                   | City                               | State  | Zip                           |
| Barrington '                     | RI                                      | 02806                                 |                                    | ļ  |                               |
| Secretary Name<br>Robert M. Stil | llings                                  |                                       | Treasurer Name                     | ************   | 1444                          |
| Street Address                   | <u> </u>                                |                                       | Street Address                     | ·  | <del></del>                   |
| 2 Connor Lane                    |   | •                                     | •                                  |  | •                             |
| City                             | State                                   | Zip                                   | City                               | State  | 7.1p                          |
| Barrington                       | RI                                      | 02806                                 |                                    |  |                               |
| 9. NAMES AND ADD                 | RESSES OF THE DI                        | RECTORS ("X" BOX FOR                  | ATTACHMENT) 🔲 FILL IN SPA          | CES BEFORE USING   | ATTACHMENTS?                  |
| Director Name N/A                |   | Director Name                         |                                    |  |                               |
| Street Address                   | · — · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | Street Address                     |  |                               |
| City                             | State                                   | ZIP                                   | City                               | State  | Zip                           |
| •                                |   | , <i>,</i> ,                          | J.,                                | 1 31310  | 1                             |
| Director Kame<br>N/A             |   |                                       | Director Name                      |  |                               |
| Street Address                   | <del></del>                             | <del> </del>                          | Street Address                     |  |                               |
| City                             | State                                   | Zip                                   | Clty                               | State  | Zip                           |
| 10. SHARES AUTHOR                | 17F1) (474 nov con 4                    | i i                                   | :                                  |  |                               |
| AUTHORIZED SHARES                | IZED CX BOX FOR A                       | I TACHMENT)                           |                                    | O ("X" BOX FOR ATTACHN   | MENT)                         |
| Number of Shares                 | Class/Sertes                            | Far Value                             | ISSUFI) SHARES                     | Class of the contract of the c |                               |
|                                  | Clarayseries                            | Tar voice                             | Number of Shares                   | . Class/Serles   | Par Value                     |
| 1,000 SHS NO PA                  | AR VAL                                  |                                       | 500                                |  | No Par Value                  |
|                                  |   |                                       |                                    |  |                               |
| This report must be s            | igned in ink hy o                       | ther the President Vi                 | ce President Secretary A           | ecictant Cocratany To  | easurer, Receiver or Truste   |
| mis report must be a             | igned in link by el                     | ither the riesident, vic              | Le President, Secretary, A         | ssistant secretary, ir   | easurer, Receiver or Truste   |
| 1.16                             |   | P1 1811 1881                          |                                    |  |                               |
|                                  | 4 <b>4 8     </b>     <b>   </b>        |                                       | ,                                  |  |                               |
|                                  | 80101 84118 18488 HIBI 8411             |                                       |                                    |  |                               |
| •                                | × 5 9 3 5                               | 8 *                                   |                                    |  | ffirm that I have examined    |
|                                  |   |                                       |                                    |  | schedules and statements, and |
| · \                              | Kv- 201                                 | aa                                    | that all stolemen                  | s contained herein are   | true and correct.             |
| File Date:                       | G/1 5011                                | <u> </u>                              | MALIN                              | 71 XX  | , <b>)</b>                    |
| •                                | 2041                                    |                                       | Signature of Officer               |  | Dote                          |
| Check No.:                       | 0001                                    | · · · · · · · · · · · · · · · · · · · | Robert M.                          | Stillings/   | -                             |
|                                  | $C_{i}T$                                |                                       |                                    |  |                               |
| B)::                             |   |                                       | Print or Type Name of<br>President |  |                               |
| FOR SECRETARY OF STATE U         | JSE ONLY                                | : .                                   | Title of Officer                   |  | <del> </del>                  |
|                                  |   |                                       | ····· of officer                   |  |                               |



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| FORM MUST BE TYPED IN BLA                                | ick)                            |                                       |                                       |                         |                      |
|--|---------------------------------|---------------------------------------|---------------------------------------|-------------------------|----------------------|
| 1. Corporate ID No.<br>59358                             | 2. Name of Corpora<br>Architect | ural Resources 1                      | Incorporated                          | · •                     |                      |
| 3. Street Address Principal Business<br>545 South Main S |                                 |                                       | cny<br>Providence                     | State<br>RI             | <sup>Zip</sup> 02903 |
| 4. Business Phone No.<br>401 861-1960                    |                                 | 5. State of Incorporation Rhode Islan | _                                     |                         | 6. SIC Code<br>71082 |
| 7. Brief Description of the Character Architectural De   |                                 | in Rhode Island                       |                                       |                         | 7 W G &-             |
| 8. NAMES AND ADDRES President Name Robert M. Stilli      |                                 | ICERS (*X* BOX FOR ATTA               | ICHMENT)  * Vice President Name  None |                         |                      |
| Street Address 2 Connor Lane                             | -                               |                                       | Street Address                        |                         |                      |
| <sup>Cuy</sup><br>Barrington                             | Siate<br>RI                     | <sup>Zip</sup> 028 <b>0</b> 6         | Glty                                  | State                   | Zip                  |
| Secretary Name Robert M. Stilli                          | ngs                             | •                                     | Treasurer Name                        | • •                     | •                    |
| Street Address 2 Connor Lane                             |                                 |                                       | Street Address                        |                         |                      |
| cuy<br>Barrington  | State<br>RI                     | 02806                                 | City                                  | State                   | Zip                  |
| 9. NAMES AND ADDRES Director Name N/A                    | SES OF THE DIR                  | ECTORS ("X" BOX FOR AT                | TACHMENT)<br>Director Name            |                         |                      |
| Street Address   |                                 |                                       | Street Address                        |                         |                      |
| City   | State                           | Zip                                   | City                                  | State                   | Хір                  |
| Director Name<br>N/A                                     |                                 | <b>v. v</b> v v.                      | Director Name                         |                         |                      |
| Street Address   |                                 |                                       | Street Address                        |                         |                      |
| Gity-  | State                           | Zip                                   | City                                  | State                   | Zip                  |
| 10. SHARES AUTHORIZE AUTHORIZE) SHARES                   | D (*X* BOX FOR ATT              | TACHMENT)                             | 11. SHARES ISSUED                     | (*X* BOX FOR ATTACHMENT | רי                   |
| Number of Shares   | Class/Series                    | Par Value                             | Number of Shares                      | Class/Series            | Par Value            |
| 500  | Common                          | \$1.00                                | 500                                   | Common                  | \$1.00               |

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  |
|-----------------------------------|--|
| $\omega   \omega   \alpha \alpha$ | this report) including any accompanying schedules and statements, and that fell symponyfits fonts from therepy steeling and correct. |
| File Date:                        | June 4, 1998   |
| Check No.: 203644                 | Signature of Officer Date  |
| By:                               | Robert M. Stillings  |
| FOR SECRETARY OF STATE USE ONLY   | President Title of Officer   |



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

### PROFIT CORPORATION ANNUAL REPORT 1997

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

| (FORM MUST BE TYPED                             | IN BLACK)                       |                       | · ·                                     |                                       | COMPLETING<br>THIS LORAL              |
|---|---------------------------------|-----------------------|---|---------------------------------------|---------------------------------------|
| 1. Corporate ID No.                             | 2. Name of Corpora              | tion                  |   |                                       | ·                                     |
| 59358   |                                 | TURAL RESOURCE        | ES, INCORPORATED                        | <u> </u>                              |                                       |
| 3. Street Address Principal I                   |                                 | •                     | City                                    | State                                 | 02903                                 |
| 545 South Mair                                  | n Street                        | <del> </del>          | Providence                              | RI                                    | 102903                                |
| 4. Rusiness Phone No. 5. State of Incorporation |                                 | •                     |   | 6. SIC Code                           |                                       |
| <u>401-861-1960</u>                             | <del></del>                     | RHODE ISL             | AND                                     | <del></del>                           | 7682                                  |
|   | Character of Business Conducted |                       |   |                                       |                                       |
|   | and interior de                 |                       |   |                                       | <del></del>                           |
| 8. NAMES AND AD President Name                  | DRESSES OF THE OFF              | ICERS ("X" BOX FOR AT |   |                                       | <del></del>                           |
| Robert M. Sti                                   | llinas                          |                       | Vice President Name None                |                                       |                                       |
| Street Address                                  |                                 | <del></del>           | Street Address                          |                                       |                                       |
| 2 Connor Lane                                   |                                 |                       | Street Municipality                     | •                                     |                                       |
| City  | State                           | Zip -                 | City                                    | State                                 | Zip                                   |
| Barrington,                                     | RI                              | 02806                 |   |                                       |                                       |
| Secretary Name                                  | ******************************  | *******               | Treasurer Name                          |                                       |                                       |
| Robert M. Sti                                   | llings                          | •                     | Robert M. Sti                           | llings                                |                                       |
| Street Address                                  | <del> </del>                    |                       | Street Address                          |                                       | . •                                   |
| 2 Connor Lane                                   |                                 |                       | 2 Connor Lane                           |                                       |                                       |
| City  | State                           | Zip                   | Clly                                    | State                                 | <sup>zig</sup><br>02806               |
| Barrington,                                     | RI                              | 02806                 | Barrington,                             | 1 RI                                  | 02000                                 |
|   | DRESSES OF THE DIR              | ECTORS ("X" BOX FOR   |   | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| Director Name                                   |                                 |                       | Director Name                           | •                                     |                                       |
| N/A   |                                 | <del></del>           |   | <del></del>                           |                                       |
| Street Address                                  |                                 |                       | Street Address                          |                                       |                                       |
| City  | State                           | Zip                   | City                                    | State                                 | Zip                                   |
| ,   |                                 |                       | • |                                       | 2.0                                   |
| Director Name                                   |                                 | :                     | Director Name                           |                                       |                                       |
|   |                                 |                       | •                                       | •                                     |                                       |
| Street Address                                  | • •                             | - <del></del>         | Street Address                          | <del></del>                           | 1                                     |
|   |                                 |                       | •                                       |                                       |                                       |
| City  | State                           | Zip                   | City                                    | State                                 | Zip                                   |
|   |                                 |                       | ·                                       |                                       | <u>'</u>                              |
| 10. SHARES AUTHO                                | DRIZED AND ISSUED (             | X BOX FOR ATTACHME!   | NT)                                     |                                       |                                       |
| AUTHORIZED SHARES                               | <u></u>                         | <del> </del>          | KSUED SHARES                            |                                       |                                       |
| Number of Shares                                | Class/Series                    | Par Volue             | Number of Shares                        | Class/Series s                        | Par Value                             |
| 1,000 SHS NO PAR VAL                            |                                 | 500                   |   | No Par Value                          |                                       |
|   |                                 | <del></del>           |   |                                       |                                       |
|   |                                 | •                     |   |                                       |                                       |
| ···   |                                 | •                     | <u>:</u>                                | <del></del>                           |                                       |
| This report must be                             | e <b>signed in ink</b> by eith  | ner the President, Vi | ce President, Secretary, Ass            | istant Secretary, Treas               | urer, Receiver or Truste              |
|   |                                 | •                     | •                                       |                                       |                                       |
| <u>·</u> 1                                      |                                 |                       | ;                                       |                                       |                                       |
|   |                                 |                       | · •                                     |                                       |                                       |

\* 5 9 3 5 8 \* Under penalty of perjury, I declare and affirm that I have examined this report, identifies any accompanying solutions and statements, and that all statements contained very near type and correct. Robert M. Stillings Print or Type Name of Officer President - --

Title of Officer

FOR SECRETARY OF STATE USE ONLY

### **PROFIT CORPORATION** ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 + (401) 277-3040

Filing Period: January 1-March 1

| ming Fee: \$50.00  | •                                |                           |                                       |                     |  |  |
|--|----------------------------------|---------------------------|---------------------------------------|---------------------|--|--|
|  |                                  |                           | R PRINT IN BLACK INK.                 |                     |  |  |
| 1. CORPORATE IO NO.  | 2. NAME OF CORPORATIO            | N                         |                                       |                     | ······································ |  |
| 59358  | ARCH                             | ITECTURAL RESOUR          | CES, INCORPORATED                     |                     |  |  |
| 3. STREET ADDRESS PRINCIPAL BUSINES  | S OFFICE                         |                           | CNY                                   | STATE               | 72/P C000E                             |  |
| 545 South Mair   | n Street                         |                           | Providence                            | R.I.                | 02903-4317                             |  |
| BUSINESS PHIONE NO   |                                  | 5. STATE OF INCORPORATION |                                       |                     | 6 SIC CODE                             |  |
| 401-861-1960   |                                  | RHODE I                   | SLAND                                 | AND                 |  |  |
| BAVEF DESCRIPTION OF THE CHARACTE  | A OF BUSINESS CONDUCTED IN 19140 | DE BLAVIO                 |                                       | <del></del>         | 7682                                   |  |
| Architectural  | Services                         |                           |                                       |                     |  |  |
| RESIDENT NAME  | 8 . N                            | AMES AND ADDI             | RESSES OF THE OF                      | FICERS              |  |  |
| Robert M. Stil   | llings                           |                           | None None                             |                     |  |  |
| TREET ADORESS  |                                  |                           | STREET ADORESS                        |                     |  |  |
| 91 Walnut Road   | i                                |                           |                                       |                     |  |  |
| Barrington   | R.I.                             | 2000€<br>02806            | ary                                   | STATE               | ZIP CODE                               |  |
| ECRETARY NAME  |                                  |                           | TREASURERTIZANE                       |                     | <u> </u>                               |  |
| Robert M. Stil   | llings                           |                           |                                       | Robert M. Stillings |  |  |
| TREET ADDRESS  |                                  |                           | STREET ADDRESS                        | <del></del>         | ·····                                  |  |
| 91 Walnut Road   | 1                                |                           | 91 Walnut Ro                          |                     |  |  |
| Barrington   | STATE<br>R.I.                    | 2₽ ασε<br>02806           | Barrington                            | STATE<br>R.I.       | 02806                                  |  |
|  | 8 . N                            | AMES AND ADDI             | RESSES OF THE DIE                     | RECTORS             |  |  |
| RECTOR NAME NOTE   |                                  |                           | DIRECTOR NAME                         |                     |  |  |
| TREET ADDRESS  | <del></del>                      |                           | STREET ADDRESS                        | ··                  |  |  |
| THE CONTRACT OF THE CONTRACT O |                                  |                           | STREET ADDRESS                        |                     |  |  |
| YTY  | STATE                            | 71P C00E                  | ату                                   | STATE               | ZIP CODE                               |  |
|  |                                  |                           |                                       |                     |  |  |
| RECTOR NAME  |                                  |                           | DERECTOR HAME                         |                     | •                                      |  |
| TREET ADDRESS  | ····                             | ···                       | STATET ADDRESS                        | <del></del>         |  |  |
|  |                                  |                           |                                       |                     |  |  |
| ſίΥ  | STATE                            | ZIP COO€                  | orv                                   | STATE               | 2;+ cobs                               |  |
|  | 10.                              | CHARCE AUTUS              | IZED AND ISSUED                       |                     | <u></u>                                |  |
|  | AUTHORIZED SHARES                |                           | TIZEU ANU 155UED                      | ISSUED SHARES       |  |  |
| NUMBER OF SHARES   | OLASS / SERIES                   | PAR VALUE                 | MUMBER OF SHARES                      | CLASS / SERES       | PAR VALUE                              |  |
|  |                                  |                           | · · · · · · · · · · · · · · · · · · · |                     | <del></del>                            |  |

Common 500 1,000 SHS NO PAR VAL

> This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

derjury. I declare and affirm that I have examined this by accompanying schedules and statements, and that the period of the second of the sec : A/A8/96 o: 3079 AMF AP For Secretary of State Use Only Signature of Officer

President

Robert M. Stillings

Print or Type Name of Officer

Title of Officer

File Date:

Check No:

By:

# State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ROBERT M. STILLINGS

RI 02806

91 WALNUT ROAD BARRINGTON ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

FEB 0.7 1995

# ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED. O059358 Corporate ID: Annual Report for the year:

| ARCHITECTURAL  | RESOURCES                  | , INCORPOR   | ATED                        |                                       |  |
|--|----------------------------|--|-----------------------------|---------------------------------------|--|
| Name of Corporation: Business entity organized under the laws of the State of: For foreign entity, address and telephone number of principal office  | E<br>e:                    | Business Entity is (check one):  [        ] Business Corporation (See RIGL Chapter 7-1.1)  [        X   Professional Service Corporation (See RIGL Chapter 7-5.1)  Brief statement of the character of business conducted in Rhode Island: |                             |                                       |  |
|  |                            |  |                             |                                       |  |
| Phone: ( )   |                            |  |                             |                                       |  |
| Address and telephone of the principal office of business entity in Island (Provide street address - Not P.O. Box): Anchitectural Resources Incorporated 66 Pavilion Avenue Providence, R.I. 02905 Phone: (401) 461-2830 | Khode                      | design serv  |                             |                                       |  |
|  |                            | <u> </u>   |                             |                                       |  |
| PRESIDENT THE N  | AMES OF THE STREET ADDRESS | OFFICERS ARE   | CITY/STATE.                 | ZIP CODE                              |  |
| Robert M. Stillings  | 91 Walnut Ro               |  | Barrington, R.I.            | 02806                                 |  |
| vice president<br>None   | s treet address            | · <u> </u>   | CITY/STATE                  | ZIP CODE                              |  |
| Robert M. Stillings  | STREET ADDRES              |  | CITY/STATE                  | ZIRCODE<br>ODOG                       |  |
| TREASURER  | 91 Walnut Ro               |  | Barrington, R.I.            | 02806                                 |  |
|  | 91 Walnut Ro               |  | Barrington, R.I.            | 02806                                 |  |
| THE NA   | MES OF THE D               | DIRECTORS AR   |                             |                                       |  |
| N/A  | STREET ADDRESS             |  | CITYNTATE                   | ZIP CODE                              |  |
| NAME.  | STREET ADDRESS             |  | CITY/STATE                  | ZIP CODE                              |  |
| NAME.  | STREET ADDRESS             | s ·  | CULYSTATE                   | ZIPCODE                               |  |
| NUMBER OF SHARES AUTHORIZED (Rider may be attached)  | N                          | UMBER OF SHARES  | S ISSUED AND OUTSTANDING (R | ider may be attached)                 |  |
| Number of Shares Class / Series  | N.                         | umber of Shares  | Class / Series              |                                       |  |
| 1000 PS No PAR VALUE PS  | 50                         | 00   | NO PAR VALUE                | Ø                                     |  |
|  | By: Rober                  | M. Stilling  |                             | · · · · · · · · · · · · · · · · · · · |  |
| Form 31 1/95   | ETTLE OF OFFICER           | <u> </u>   |                             |                                       |  |
| DESIGNATED REGIS   |                            |  |                             | · - <del></del>                       |  |
| PLEASE NOTE: If the registered office and/or registered agent i  | indicated below is in      | ncorrect, Form 9 mu  | st be filed. FILED          | 6                                     |  |

### Filing Fee \$50.00 Payable to Secretary of State

### PLEASE TYPE or PRINT

Frie Annually LLC, Sept. 1 - Nov. 1 CORP, Jan. 1 - March 1

### State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

| Corporate ID. 0059558  | Annual                                | Report for the year:1994  |                       |
|--|---------------------------------------|---|-----------------------|
| Name of Business Entity  | ARCH                                  | HITECTURAL RESOURCES, INC   | OPPOPATED             |
| Business entity organized under the laws of the State of <u>R</u>  | l Bus                                 | iness Emely is (check one)  |                       |
|  |                                       | [ ] Business Corporation (See RIG), Chapte  | r 5-1-1)              |
| Federal Taxpayer Identification Number   |                                       | [X] Professional Service Corporation (See R<br>[ ] Limited Liability Company (See RIGL) |                       |
| For toroign entity, address and telephone number of princip. N/A   | j                                     |   |                       |
|  | · · · · · · · · · · · · · · · · · · · | ne, title and mailing address of contact person to<br>manications may be directed.      | with                  |
|  | i i                                   | ert M. Stillings, President   |                       |
| <del></del>  | And                                   | hitectural Resources Incorpor   | ated                  |
| Phone ( )  | 66                                    | Pavilion Avenue   |                       |
| Address and telephone of the principal office of business en   | oty in Rhode Pno                      | vidence, R.I. 02905   |                       |
| Island Provide street addiess   Not P.O. Box!  |                                       | t statement of the character of business conducte thitectural dosign services           | ti in Rhode Island.   |
| THE BEARING VER OF   | Wan .                                 | " 1 1   | ,                     |
| 66 Privition Acci  | 1/12 Du                               | r of Organization, 1990 2/20/9  | 20 (D)                |
| 001/01/01/01   | <del>,</del>                          | r of Qualification to do business in Rhode Island                                       | (al foreign entries): |
| Phore : 1 1100. DV 0770  | ! <u>N/A</u>                          | · · · · ·   | in total in things    |
|  | TE NAMES OF THE OFF                   | ICERS ARE:  |                       |
| ☐ CHELEXIC HIV (OF SELECTE TRUSTORS) TO SECOND   | 218H17 V-03438                        | CHYS.ATK  | : (7-9K               |
| Robert M. Stillings  Genuemanse started for the started and a started an | 91 Walnut Road                        | Barrington, R.I.  | 02806                 |
|  |                                       |   |                       |
| Debook M. Skillings  | SERUT ACORDS                          | CHASIAS.  | ZIPTO 3               |
| Robert M. Stillings  | 91 Walnut Road                        | Barrington, R.I.  | 02806                 |
| Robert M. Stillings  | 91 Walnut Road                        | Barrington, R.I.  | 02806                 |
| SAV TH   | E NAMES OF THE DIRE                   | CTORS ARE:  | 2 P COS               |
| N/A  | ,,,,,,,,                              |   |                       |
| NAM.,  | 76 DKD V 1 FD 25                      | CHYKLAU   | 719 COD               |
| NAV  | STREET A TORISS                       | CHANAS,   | Vil.t,O.              |
| NUMBER OF SHARES AUTHORIZED (If Applicable)  | SEXTR                                 | ER OF SHARES ISSUED AND OUTSTANDIN  | C (It Appl mills)     |
|  |                                       | <del></del> <del></del>   |                       |
| NUMBER 1,000   | NUMB                                  | ER 500  |                       |
| CLASS Common   | CLASS                                 | Common  |                       |
| SERIFS   | SERIES                                | S   |                       |
| PAR VALUE OR NO Par Value WITHOUT PAR  |                                       | ALUE OR No. Par Value   |                       |
| DateFebruary 25,19_94  | _ By _ Note                           | AM Stell  |                       |
| FILED  | Robert M. S                           |   | <del></del>           |
| MAR 3 1 1994   | enstok nelsam o<br>President          | FORTCONSCING  |                       |
| MAIN A A CA  | FI 62 LOGIL                           | <u> </u>  |                       |
| By (12 77)   |                                       |   |                       |
| Form 31 154  | THE ALL DESIGNATION OF THE            | CAPE FOR CERTIFICE OF BROOKES   |                       |
| DESIGNATED REGISTE   | <u>.ked uk kesident agi</u>           | ENT FOR SERVICE OF PROCESS:   |                       |

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID 0059358    |                             | Annual Report for the year1993 |  |  |
|-------------------------|-----------------------------|--------------------------------|--|--|
| FIRST: The name of the  | e corporation isArchit      | cectural Resources Inco        | orporated  |  |
| SECOND: It is incorpora |                             |                                |  |  |
| THIRD: Character of bi  | •                           |                                | sulting Services   |  |
| •                       | poration, address of its pi | rincipal officeN/A             |  |  |
|                         |                             |                                |  |  |
|                         | P                           | Providence, RI 02905           |  |  |
| SIXTH: Names and add    | resses of its directors and |                                | (Attach rider if necessary) ng number, street, zip code) |  |
|                         | Director                    |                                |  |  |
|                         | Director                    |                                |  |  |
|                         | Director                    |                                |  |  |
| Robert M. Stillings     | President                   | 91 Walnut Road, Bar            | rington, RI 02806  |  |
|                         |                             | ent                            |  |  |
| Robert M. Stillings     |                             |                                | rington, RI 02806  |  |
| Robert M. Stillings     | Treasurer                   |                                | rington, RI 02806  |  |
| Seventh: Number of S    | hares authorized:           | •                              | Par Value  |  |
| No. of Shares           | Class                       | THE R II CANTES                | or statement that shares are without                     |  |
| 500                     | Common                      | Series )                       | parvalue<br>No Par Value                                 |  |
|                         |                             | DEC 1 4 1993                   |  |  |
| Eighth: Number of Sh    | ares issued:                | By CC 1 1 0 5 6 4              | Par Value  |  |
| No of Shares            | Class                       | Series                         | or statement that<br>shares are without<br>par value     |  |
| 500                     | Common                      | V(III)                         | No Par Value   |  |
|                         |                             |                                |  |  |
| Dated November          |                             | Architectural Resource         | s Incorporated   |  |
|                         |                             | Name of Corportion             | la la  |  |
|                         | В                           | Provident                      |  |  |
| (Report must be signed  | d by an officer) T          | itlePresident                  | <i>u</i>   |  |

1989 913

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID.             | #0059358                                |                                   | Annual Report  | for the year.                             | 1992   |
|---------------------------|---|-----------------------------------|--|---|--|
| First:                    | The name of the con                     | rporation isARC                   | HITECTURAL RESOU   | RCES, INC                                 | CORPORATED   |
|                           |   |                                   | Rhode Island   |   |  |
| architectu<br>for, etc.   | re and to des<br>enter into an          | sign, draw and<br>ud_execute_con  | To conduct and confidence prepare plan septracts, etc. for | pcificati<br>cons.truc                    | ons, estimates   |
| Every cons FOURTH:        | If foreign corpore                      | ation, address of its p           | rise of any natu:<br>rincipal officen/.a                   | re whatso                                 | mever, etc.  |
| <br>Рі <del>гтк</del> :   | Business address in                     | Rhode Island Pr                   | Pavilion Avenue<br>ovidence, RI 029                        | 05  |  |
| lease mail<br>SUMMIT.W    | annual report                           | is to: GREGUR<br>100,300Gente     | Y A. MADOIAN, ES<br>rville-Road, War                       | quike<br>w <del>ick;</del> R <del>I</del> |  |
| Sixth:                    | Names and address                       | es of its directors and<br>Office |  | scluding number, str                      | (Attach rider if necessary)<br>eet, zip code)                        |
| None                      |   | Director                          |  | ······································    |  |
| ************************* |   | Director                          |  |   | ••••••   |
| ••••••                    | *************************************** | Director                          |  |   |  |
| Robert M                  | . Stillings                             | President                         | 91 Walnut Str  | eet, Barr                                 | ington, RI 0280  |
| None                      |   | Vice Preside                      | ent  | ••••••                                    |  |
| Donna M.                  | Hiatt                                   | Secretary                         | One Main Stre  | et, River                                 | side, RI   |
| Robert M                  | . Stillings                             | Treasurer                         | 91 Walnut Stre   | et, Barri                                 | ngton, RI 02806  |
| Seventh                   |   |                                   | Sanisa   | -cd                                       | Par Value<br>or statement that<br>shares are without                 |
| No. of Sh.                |   | Common                            | d & Filed DEC 3 0 %  | 1<br>0 0                                  | Par Value  Par Value  or statement that shares are without par value |
| Еіднтн:                   | Number of Shares                        |                                   | Ella   | a DEC 30                                  | Par Value<br>or statement that                                       |
| No. of Sh                 | 275                                     | Class                             | Harid &  |   | shares are without<br>par value                                      |
| 500                       |   | Common                            |  | No  | Par Value  |
| Dated                     | )°C )5                                  | 17 ./                             | ARCHITECTURAL RE   | Sources,                                  | INCORPORATED   |
| (Re                       | eport must be signed by                 | an officer)                       | Tile President   |   |  |

1989 93

To be filed annually between January 1st and March 1st

# State of Rhode Island and Brandence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE RHODE ISLAND 02903

| Comparts ID #0059358                                     | PROVIDENCE. RE   | Annual Report for the ye   | <u>ar1991</u>  |
|--|--|--|--|
| First: The name of                                       | the corporation isARCI   | HITECTURAL RESOURCES,  | INCORPORATED   |
| SECOND: It is incorp                                     | porated under the laws of  | Rhode Island   |  |
| THEO: Character of architecture and to for etc. enter in | f business, briefly stated, is design, draw and to and execute con | To conduct and carry of prepare plan sepcific tracts, etc. for constrise of any nature what incipal office n/a | ruction, etc.for tsoever, etc.                           |
| FIFTH: Business add                                      | lress in Rhode Island Pr<br>eports to: GREGOR                      | Pavilion Avenue  |  |
|  | addresses of its directors and                                     |  | (Attach rider if necessary)                              |
| None   | Director   | ***************************************  |  |
| •••••  | Director   | .,,  | •••••••••••••••••••••••••••••••••••••••                  |
|  | ngs President  | 91 Walnut Street,  | Barrington, RI 02800                                     |
| None   | Vice Presi   | dent   |  |
| Donna M. Hiatt   | Secretary  | One Main Street, Ri  |  |
| Robert M. Still  | ings Treasurer   | 91 Walnut Street, 1  | Barrington, RI 02806                                     |
| SEVENTH: Number  | of Shares authorized:  | Parisa   | Par Value or statement that shares are without par value |
| No. of Shares<br>1,000                                   | Common   | Senes  | No Par Value   |
|  | of Shares issued:  | ec'd & Filed DEC 3 0 1992  | Par Value<br>or statement that<br>shares are without     |
| No. of Shares  | Class  | Series   | par value  |
| 500  | Common   |  | No Par Value   |
| Dated 12/ 2  | 19 19  | ARCHITECTURAL RESOURCE (Name of Companyon)  By Many Many Manyon  | CES, INCORPORATED  |
| (Renor must b  | signed by an officer)  | Title President  |  |