



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. 80980
 2. Name of Corporation DURKEE, BROWN, VIVEIROS & WERENFELS ARCHITECTS, INC.
 3. Street Address Principal Business Office 300 WEST EXCHANGE STREET
 City PROVIDENCE State RI Zip 02903-
 4. Business Phone No. 4018311240
 5. State of Incorporation RHODE ISLAND
 6. SIC Code 7682
 7. Brief Description of the Character of Business Conducted in Rhode Island
 TO CONDUCT, OPERATE, PERFORM AND CARRY OUT GENERAL ARCHITECTURAL DESIGN SERVICES.

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

President Name Stephen Durkee			Vice President Name Douglas Brown		
Street Address 40 Dexter Street			Street Address 35 Eldredge Street		
City Providence	State RI	Zip 02909	City East Greenwich	State RI	Zip 02818
Secretary Name Martha Werenfels			Treasurer Name Michael Viveiros		
Street Address 107 Shaw Avenue			Street Address 1291 Stony Lane		
City Cranston	State RI	Zip 02905	City North Kingstown	State RI	Zip 02852

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

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip

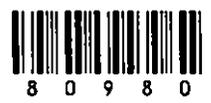
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
4,000	COMM NO PAR VALUE	

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

Number of Shares	Class/Series	Par Value
1,000	Common	NPV

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



8 0 9 8 0

80980 DBC 01/12/05 12:34:09 PM
 File Date 2-2-05
 Check No. 7170
 By: [Signature]
 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]
 Signature of Officer
 Stephen Durkee
 Print or Type Name of Officer
 President
 Title of Officer
 Date 1/31/05

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 80980		2. Name of Corporation DURKEE, BROWN, VIVEIROS & WERENFELS ARCHITECTS, INC.			
3. Street Address Principal Business Office 300 W Exchange St.			City Providence	State RI	Zip 02903
4. Business Phone No (401) 831-1240		5. State of Incorporation RHODE ISLAND			6. SIC Code 7682
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT, OPERATE, PERFORM AND CARRY OUT GENERAL ARCHITECTURAL DESIGN SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen Durkee			Vice President Name Douglas Brown		
Street Address 40 Dexter St.			Street Address 35 Eldridge St.		
City Providence	State RI	Zip 02909	City E. Greenwich	State RI	Zip 02814
Secretary Name Martha Werenfels			Treasurer Name Michael Viveiros		
Street Address 107 Shaw Ave.			Street Address 1291 Stoney Lane		
City Cranston	State RI	Zip 02905	City No. Kingstown	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
4,000 COMM NO PAR VALUE			1000	Common	NPV

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



* 8 0 9 8 0 *

File Date 12-31-03
Check No. 6422
By: [Signature]
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: [Signature] Date: 12/29/03
Print or Type Name of Officer: **STEPHEN DURKEE**
Title of Officer: **PRESIDENT.**



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. **80980** 2. Name of Corporation **DURKEE, BROWN, VIVEIROS & WERENFELS ARCHITECTS, INC.**
 3. Street Address Principal Business Office **300 West Exchange Street** City **Providence** State **RI** Zip **02903**
 4. Business Phone No. **(401) 831-1241** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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

President Name Stephen Durkee	Vice President Name Douglas Brown
Street Address 40 Dexter Street	Street Address 35 Eldridge St.
City Providence State RI Zip 02909	City Ea. Greenwich State RI Zip 02814
Secretary Name Martha Werenfels	Treasurer Name Michael Viveiros
Street Address 107 Shaw Avenue	Street Address 1291 Stoney Lane
City Cranston State RI Zip 02905	City No. Kingstown State RI Zip 02852

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

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
4,000 COMM NO PAR VALUE

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
1000 Common NPV

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



* 8 0 9 8 0 *

File Date: 2/3/03
 Check No: 5742
 By: [Signature]

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] 1/30/03
 Signature of Officer Date
STEPHEN DURKEE
 Print or Type Name of Officer
PRESIDENT
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No **80980** 2. Name of Corporation **DURKEE, BROWN, VIVEIROS & WERENFELS ARCHITECTS, INC.**
3. Street Address Principal Business Office **300 West Exchange Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No **401.831.1240** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7682**

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

Architecture

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

President Name Stephen Durkee	Vice President Name Douglas Brown
Street Address 40 Dexter Street	Street Address 35 Elderidge
City Providence State RI Zip 02909	City East Greenwich State RI Zip
Secretary Name Martha Werenfels	Treasurer Name Michael Viveiros
Street Address 107 SHAW Ave.	Street Address 1291 Stony Lane
City Cranston State RI Zip 02905	City N. Kingstown State RI Zip 02852

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

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1000 Common No Par

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



* 8 0 9 8 0 *

File Date: 1-24-02

Check No: 5035

By: [Signature]

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.

Douglas L. Brown 1/7/01
Signature of Officer Date

DOUGLAS L. BROWN
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80980** 2. Name of Corporation **DURKEE, BROWN, VIVEIROS & WERENFELS ARCHITECTS, INC.**
3. Street Address Principal Business Office **300 West Exchange Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **401.831.1240** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7682**
7. Brief Description of the Character of Business Conducted in Rhode Island
Architecture

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

President Name Stephen Durkee Street Address 40 Dexter Street City Providence State RI Zip 02909	Vice President Name Douglas Brown Street Address 35 Elderidge City East Greenwich State RI Zip 02852
Secretary Name Martha Werenfels Street Address 107 Shaw Avenue City Cranston State RI Zip 02905	Treasurer Name Michael Viveiros Street Address 1291 Stony Lane City North Kingstown State RI Zip 02852

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

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
4,000 COMM NO PAR VALUE			
1000 Class A/Common NPV			
3000 Class B/ Common NPV			

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
100	100	A/Comm	NPV
900	900	B/Comm	NPV

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



* 8 0 9 8 0 *

File Date 1/22/2001

Check No. 4424

By [Signature]

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] 1/9/01
Signature of Officer Date

STEPHEN DURKEE
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80480 2. Name of Corporation Durkee, Brown, Viveiros & Werenfels Architects, Inc
~~05-0479618~~
3. Street Address Principal Business Office 300 West Exchange Street City Providence State RI Zip 02903
4. Business Phone No. 401.831.1240 5. State of Incorporation Rhode Island 6. SIC Code 7682
7. Brief Description of the Character of Business Conducted in Rhode Island

Architecture

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

President Name <u>Stephen Durkee</u> Street Address <u>40 Dexter St.</u> City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>	Vice President Name <u>Douglas Brown</u> Street Address <u>35 Eldridge St.</u> City <u>East Greenwich</u> State <u>RI</u> Zip <u>02852</u>
Secretary Name <u>Martha L. Werenfels</u> Street Address <u>107 SHaw Ave.</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02905</u>	Treasurer Name <u>Michael J. Viveiros</u> Street Address <u>1291 Stony Lane</u> City <u>North Kingstown</u> State <u>RI</u> Zip <u>02852</u>

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

Director Name <u>NONE</u> Street Address <u>NONE</u> City _____ State _____ Zip _____	Director Name <u>NONE</u> Street Address <u>NONE</u> City _____ State _____ Zip _____
Director Name <u>NONE</u> Street Address <u>NONE</u> City _____ State _____ Zip _____	Director Name <u>NONE</u> Street Address <u>NONE</u> City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
1000	Class A/Common	NPV
3000	Class B/Common	NPV

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

ISSUED SHARES	Class/Series	Par Value
100	A/Common	NVP
900	B/Common	NVP

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] 5/19/00
Signature of Officer Date
Stephen Durkee
Print or Type Name of Officer
President
Title of Officer

File Date: PAID
MAY 13 2000
Check No.: _____
By: SECY OF STATE
FOR SECRETARY OF STATE USE ONLY



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80980 2. Name of Corporation Durkee & Brown Architects, Inc.
~~05-0479618~~
3. Street Address Principal Business Office 300 West Exchange Street Providence RI 02903
4. Business Phone No. 401.831.1240 5. State of Incorporation Rhode Island 6. SIC Code 7682
7. Brief Description of the Character of Business Conducted in Rhode Island

Architecture

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

<i>President Name</i>	<i>Vice President Name</i>
<u>L. Stephen Durkee</u>	<u>Douglas L. Brown</u>
<i>Street Address</i>	<i>Street Address</i>
<u>40 Dexter Street</u>	<u>35 Eldridge</u>
<i>City State Zip</i>	<i>City State Zip</i>
<u>Providence RI 02909</u>	<u>East Greenwich RI</u>
<i>Secretary Name</i>	<i>Treasurer Name</i>
<u>Martha L. Werenfels</u>	<u>Michael J. Viveiros</u>
<i>Street Address</i>	<i>Street Address</i>
<u>107 Shaw Avenue</u>	<u>1291 Stony Lane</u>
<i>City State Zip</i>	<i>City State Zip</i>
<u>Cranston RI 02905</u>	<u>North Kingstown RI 02852</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

<i>Director Name</i>	<i>Director Name</i>
<u>NONE</u>	<u>NONE</u>
<i>Street Address</i>	<i>Street Address</i>
<i>City State Zip</i>	<i>City State Zip</i>
<i>Director Name</i>	<i>Director Name</i>
<u>NONE</u>	<u>NONE</u>
<i>Street Address</i>	<i>Street Address</i>
<i>City State Zip</i>	<i>City State Zip</i>

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1000	Class A/Common	NPV
3000	Class B/Common	NPV

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	A/Common	NVP
900	B/Common	NVP

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

PAID

JAN 19 2000

SEC'Y OF STATE

File Date: _____

Check No.: _____

By: 100 236273

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] 11.11.99
Signature of Officer Date

Stephen Durkee
Print or Type Name of Officer

President
Title of Officer

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID # 80980 2. Name of Corporation Dunke & Brown Architects, Inc.
3. Street Address Principal Business Office 741 WESTMINSTER ST. City PROVIDENCE State RI Zip 02903
4. Business Phone No. 401-831-1240 5. RHODE ISLAND 6. SIC Code 7882

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>STEPHEN DURKEE</u>	Vice President Name <u>DOUGLAS BROWN</u>
Street Address <u>40 DEXTER ST.</u>	Street Address <u>36 ELDRIDGE</u>
City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02909</u>	City <u>EAST GREENWICH</u> State <u>RI</u> Zip <u>02818</u>
Secretary Name <u>STEPHEN DURKEE</u>	Treasurer Name <u>DOUGLAS BROWN</u>
Street Address <u>SAME</u>	Street Address <u>SAME</u>
City _____ State _____ Zip _____	City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>STEPHEN DURKEE</u>	Director Name <u>DOUGLAS BROWN</u>
Street Address <u>SAME</u>	Street Address <u>SAME</u>
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Director Name <u>NA</u>	Director Name <u>NA</u>
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
APR 1 3 37 PM '98

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
70 COMMON NONE

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



File Date: 4/1/98
Check No.: 1958
By: QJB

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 [Signature] Date 4/1/98
STEPHEN DURKEE
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80980** 2. Name of Corporation **Durkee & Brown Architects, Inc.**
3. Street Address Principal Business Office **741 WESTMINSTER ST.** City **PROVIDENCE** State **RI** Zip **02903**
4. Business Phone No. **401-831-1240** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7682**

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name STEPHEN DURKEE	Vice President Name DOUGLAS L BROWN
Street Address 22 HARRISON ST.	Street Address 35 ELDRIDGE AVE
City PROVIDENCE State RI Zip 02909	City E. GREENWICH State RI Zip 02818
Secretary Name STEPHEN DURKEE	Treasurer Name DOUGLAS L. BROWN
Street Address SAME	Street Address SAME
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name STEPHEN DURKEE	Director Name DOUGLAS L. BROWN
Street Address 22 HARRISON ST.	Street Address 35 ELDRIDGE AVE
City PROVIDENCE State RI Zip 02909	City E. GREENWICH State RI Zip 02818
Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR VALUE			70		

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

File Date: 8/8/97
Check No.: 1753
By: [Signature]

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: 8/8/97
Print or Type Name of Officer: STEPHEN DURKEE
Title of Officer: PRESIDENT

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
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 80980		2. NAME OF CORPORATION Durkee & Brown Architects, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 741 WESTMINSTER ST.		CITY PROVIDENCE	STATE R.I.
4. BUSINESS PHONE NO. 831-1240		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 7682
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND PROVIDE ARCHITECTURAL SERVICES, INTERIOR ARCHITECTURE & SPACG-PLANNING			

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME L. STEPHEN DURKEE			VICE PRESIDENT NAME DOUGLAS L. BROWN		
STREET ADDRESS 22 HARRISON ST.			STREET ADDRESS 35 ELDREDGE AVE.		
CITY PROVIDENCE	STATE R.I.	ZIP CODE 02909	CITY E. GREENWICH	STATE R.I.	ZIP CODE 02818
SECRETARY NAME SAME AS ABOVE			TREASURER NAME SAME AS ABOVE		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME SAME AS ABOVE			DIRECTOR NAME SAME AS ABOVE		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 SHS	NO PAR VALUE		70		No Par Value

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.

File Date: 3/15/96
Check No: 1317
By: [Signature]
For Secretary of State Use Only

[Signature]
Signature of Officer
DOUGLAS L. BROWN
Print or Type Name of Officer
VICE - PRESIDENT
Title of Officer
2/7/96
Date

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0080360 Annual Report for the year: 1995

Name of Corporation: Durkee & Brown Architects, Inc.

Business entity organized under the laws of the State of: RHODE ISLAND Business Entity is (check one):
 For foreign entity, address and telephone number of principal office: [] Business Corporation (See RIGL Chapter 7-1.1)
 [X] Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

741 WESTMINSTER ST.
 PROVIDENCE, R.I.
 02903

Phone: (401) 831-1240

Brief statement of the character of business conducted in Rhode Island:
 TO CONDUCT, OPERATE, PERFORM AND
 CARRY-OUT GENERAL ARCHITECTURAL DESIGN
 SERVICES, SPACE PLANNING AND DESIGN,
 CONSTRUCTION ESTIMATING AND FEASIBILITY
 STUDIES, SITE ANALYSIS AND PLANNING,
 FURNITURE AND DISPLAY DESIGN AND
 URBAN PLANNING.

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	L. STEPHEN DURKEE 22 HARRISON ST.	PROVIDENCE, RI.	02909
VICE PRESIDENT	DOUGLAS L. BROWN 35 ELOREDBE AVE.	E. GREENWICH, R.I.	02818
SECRETARY	L. STEPHEN DURKEE (SAME AS ABOVE)		
TREASURER	DOUGLAS L. BROWN (SAME AS ABOVE)		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
L. STEPHEN DURKEE	(SAME AS ABOVE)		
DOUGLAS L. BROWN	(SAME AS ABOVE)		

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
100 SHARES	NO PAR VALUE	70 SHARES ISSUED	
		30 SHARES OUTSTANDING	

Date: 3/14 19 95 By: Douglas L. Brown
 PRINT OR TYPE NAME OF OFFICER SIGNING: DOUGLAS L. BROWN
 TITLE OF OFFICER SIGNING: VICE-PRESIDENT

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

DOUGLAS L. BROWN
 741 WESTMINSTER STREET
 PROVIDENCE RI 02903

FILED
 MAR 16 1995
 BY: [Signature]