



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401 222 3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 103083 2. Name of Corporation THE ARCHITECTURAL TEAM, INC.  
3. Street Address Principal Business Office 50 COMMANDANT'S WAY City CHELSEA State MA Zip 02150  
4. Business Phone No 617-889-44-2 5. State of Incorporation MASSACHUSETTS 6. SIC Code 7682  
7. Brief Description of the Character 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 JOSEPH M. KELLY, JR. Vice President Name MICHAEL E. LIU  
Street Address 18 HICKORY HILL RD Street Address 1080 WALNUT STREET  
City WAKEFIELD State MA Zip 01880 City NEWTON State MA Zip 02461  
Secretary Name ROBERT J. VERRIER Treasurer Name VICE PRESIDENT MICHAEL D. BINETTE  
Street Address 16 HARBELL STREET Street Address 3 LINEBROOK ROAD  
City LEXINGTON State MA Zip 02421 City TOPSFIELD State MA Zip 01983

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

Director Name SAME AS ABOVE 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  
100 COMMON 0

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
90 COMMON 0

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

File Date **FILED**  
Check No. DEC 08 2005  
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]* 10/26/05  
Signature of Officer Date  
ROBERT J. VERRIER, SECRETARY, VICE-PRESIDENT  
Print or Type Name of Officer  
SECRETARY, VICE-PRESIDENT  
Title of Officer



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 IN BLACK)

1. Corporate ID No. **103083** 2. Name of Corporation **The Architectural Team, Inc.**  
3. Street Address Principal Business Office **50 Commandant's Way** City **Chelsea** State **MA** Zip **02150**  
4. Business Phone No. **617-889-4402** 5. State of Incorporation **MA** 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 <b>Joseph M. Kelly, Jr.</b>			Vice President Name <b>Michael E. Liu</b>		
Street Address <b>18 Hickory Hill Rd.</b>			Street Address <b>1080 Walnut Street</b>		
City <b>Wakefield</b>	State <b>MA</b>	Zip <b>01880</b>	City <b>Newton</b>	State <b>MA</b>	Zip <b>02461</b>
Secretary Name <b>Robert J. Verrier</b>			Treasurer Name <b>VP</b>		
Street Address <b>16 Harbell Street</b>			Street Address <b>3 Linebrook Road</b>		
City <b>Lexington</b>	State <b>MA</b>	Zip <b>02421</b>	City <b>Topsfield</b>	State <b>MA</b>	Zip <b>01983</b>

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

Director Name <b>Same as above</b>			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) ☐**

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>0</b>

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

Number of Shares	Class/Series	Par Value
<b>90</b>		<b>0</b>

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

**FILED**  
File Date **JAN 28 2005**  
Check No. **By** **1030832**  
By: **1030832**  
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.

**The Architectural Team, Inc.**  
Signature of Officer **Joseph M. Kelly, Jr.** Date **12-06-04**  
Print or Type Name of Officer  
**President**  
Title of Officer



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103083 2. Name of Corporation The Architectural Team, Inc.  
3. Street Address Principal Business Office 50 Commandant's Way City Chelsea State MA Zip 02150  
4. Business Phone No. 617-889-4402 5. State of Incorporation MA 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 Joseph M. Kelly, Jr. Vice President Name Michael E. Liu  
Street Address 18 Hickory Hill Rd. Street Address 1080 Walnut Street  
City Wakefield State MA Zip 01880 City Newton State MA Zip 02461  
Secretary Name Robert J. Verrier Treasurer Name Michael D. Binette  
Street Address 16 Harbell Street Street Address 3 Linebrook Road  
City Lexington State MA Zip 02421 City Topsfield State MA Zip 01983

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

Director Name Same as above 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  
100 Common 0

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
90

05 JAN 28 AM 11:31  
SECRETARY OF STATE  
CORPORATION DIV  
FILED

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

FILED  
File Date JAN 28 2005  
Check No.  
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.

The Architectural Team, Inc.

Signature of Officer Joseph M. Kelly, Jr. Date 12-06-04  
Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **103083** 2. Name of Corporation **The Architectural Team, Inc.**  
3. Street Address Principal Business Office **50 Commandant's Way** City **Chelsea** State **MA** Zip **02150**  
4. Business Phone No. **617-889-4402** 5. State of Incorporation **MASSACHUSETTS** 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 <b>Joseph M. Kelly, Jr.</b> Street Address <b>18 Hickory Hill Road</b> City <b>Wakefield</b> State <b>MA</b> Zip <b>01880</b>	Vice President Name <b>Michael E. Liu</b> Street Address <b>503 Boylston Street</b> City <b>Brookline</b> State <b>MA</b> Zip <b>02146</b>
Secretary Name <b>Robert J. Verrier</b> Street Address <b>14 Harbell Street</b> City <b>Lexington</b> State <b>MA</b> Zip <b>02173</b>	Treasurer Name <b>Joseph M. Kelly, Jr.</b> Street Address <b>18 Hickory Hill Road</b> City <b>Wakefield</b> State <b>MA</b> Zip <b>01880</b>

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

Director Name <b>All of above</b> 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  
**1,000 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**None**

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



\* 1 0 3 0 8 3 \*

File Date: 1-23-02  
Check No.: 23597  
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.

**The Architectural Team, Inc.**

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

**Joseph M. Kelly, Jr.**

Print or Type Name of Officer

**President**

Title of Officer



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

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

**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. **103083** 2. Name of Corporation **The Architectural Team, Inc.** c/o CT Corp. System  
3. Street Address Principal Business Office **50 Commandant's Way** City **Chelsea** State **MA** Zip **02150**  
4. Business Phone No. **617-889-4402** 5. State of Incorporation **MASSACHUSETTS** 6. **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 <b>Joseph M. Kelly, Jr.</b> Street Address <b>18 Hickory Hill Road</b> City <b>Wakefield</b> State <b>MA</b> Zip <b>01880</b>	Vice President Name <b>Michael E. Liu</b> Street Address <b>503 Boylston Street</b> City <b>Brookline</b> State <b>MA</b> Zip <b>02146</b>
Secretary Name <b>Robert J. Verrier</b> Street Address <b>14 Harbell Street</b> City <b>Lexington</b> State <b>MA</b> Zip <b>02173</b>	Treasurer Name <b>Joseph M. Kelly, Jr.</b> Street Address <b>18 Hickory Hill Road</b> City <b>Wakefield</b> State <b>MA</b> Zip <b>01880</b>

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

Director Name <b>All of above</b> 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
<b>1,000 COMM NO PAR VALUE</b>		

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

**ISSUED SHARES**

Number of Shares	Class/Series	Par Value
<b>None</b>		

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



\* 1 0 3 0 8 3 \*

File Date 5-7-01  
Check No. 22397  
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  
**THE ARCHITECTURAL TEAM, INC.**  
Joseph M. Kelly, Jr. 5-3-01  
Signature of Officer Date  
**Joseph M. Kelly, Jr.**  
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. 103083 2. Name of Corporation The Architectural Team, Inc. c/o CT Corp System  
123 Dyer Street, Providence, RI  
3. Street Address Principal Business Office 50 Commandant's Way City Chelsea, State MA Zip 02150  
4. Business Phone No. 617-889-4402 5. State of Incorporation Massachusetts 6. SIC Code  
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 Joseph M. Kelly, Jr. Street Address 18 Hickory Hill Road City Wakefield, State MA Zip 01880 Secretary Name Robert J. Verrier Street Address 14 Harbell Street City Lexington, State MA Zip 02173	Vice President Name Michael E. Liu Street Address 503 Boylston Street City Brookline, State MA Zip 02146 Treasurer Name Joseph M. Kelly, Jr. Street Address 18 Hickory Hill Road City Wakefield, State MA Zip 01880
--	--

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

Director Name All of above 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
1,000 Comm No Par Value		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
NONE		

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

File Date: 9-1-00  
Check No.: 21263  
By: AMK  
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.  
THE ARCHITECTURAL TEAM, INC.  
Signature of Officer Joseph M. Kelly, Jr. Date 8-15-00  
Print or Type Name of Officer  
President  
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **103083** 2. Name of Corporation **The Architectural Team, Inc.**  
3. Street Address Principal Business Office **50 Commandant's Way** City **Chelsea** State **MA** Zip **02150**  
4. Business Phone No. **617-889-4402** 5. State of Incorporation **MASSACHUSETTS** 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 <b>Joseph M. Kelly, Jr.</b> Street Address <b>18 Hickory Hill Road</b> City <b>Wakefield</b> State <b>MA</b> Zip <b>01880</b>	Vice President Name <b>Michael E. Liu</b> Street Address <b>503 Boylston Street</b> City <b>Brookline</b> State <b>MA</b> Zip <b>02146</b>
Secretary Name <b>Robert J. Verrier</b> Street Address <b>14 Harbell Street</b> City <b>Lexington</b> State <b>MA</b> Zip <b>02173</b>	Treasurer Name <b>Joseph M. Kelly, Jr.</b> Street Address <b>18 Hickory Hill Road</b> City <b>Wakefield</b> State <b>MA</b> Zip <b>01880</b>

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

Director Name <b>All of above</b> 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
<b>1,000 COMM NO PAR VALUE</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>0</b>	<b>Preferred</b>	<b>0</b>

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



File Date: Mar 5 99  
Check No.: 19974  
By: JO

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.

**THE ARCHITECTURAL TEAM, INC.**

Signature of Officer Joseph M. Kelly, Jr. Date

**Joseph M. Kelly, Jr.**

Print or Type Name of Officer

**President**

Title of Officer