



State of Rhode Island

Department of State - Business Services Division

FILED**STAMP**
FEB 04 2021

Annual Report for the year: 2021

Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY

FOR
SECRETARY OF STATE
JULY ONLY

1. Entity ID Number 001685615		2. Exact name of the Corporation SCOTT WEYMOUTH ARCHITECT INC			
3. Principal Office Address 79 ALFRED DROWN RD			City BARRINGTON	State RI	Zip 02806
4. NAICS Code 327110	6. Brief description of the character of business conducted in Rhode Island ARCHITECTURAL DESING				
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name SCOTT WEYMOUTH			Vice-President Name		
Street Address 79 ALFRED DROWN RD			Street Address		
City BARRINGTON	State BARRIN	Zip 02806	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
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
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐			
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.					
Name of Authorized Representative SCOTT WEYMOUTH				Date 1/5/2021	
Signature of Authorized Representative					