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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 01 2021
BY

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.

1. Entity ID Number	2. Exact name of the Corporation			
000792730	FINEGOLD ALEXANDER ARCHITECTS INC			
3. Principal Office Address		City	State	Zip
77 NORTH WASHINGTON STREET		BOSTON	MA	02114
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541310	PRACTICE OF ARCHITECTURE			
5. State of Incorporation				
MA				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
REBECCA BERRY			ELLEN ANSELONE		
Street Address			Street Address		
93 RINDGE AVENUE			22 MORTON ROAD		
City	State	Zip	City	State	Zip
CAMBRIDGE	MA	02140	MILTON	MA	02186
Secretary Name			**Treasurer Name**		
REGAN SHIELDS IVES			JEFFREY GALUGA		
Street Address			Street Address		
6 CLARK AVENUE			299 LINCOLN STREET		
City	State	Zip	City	State	Zip
ROCKPORT	MA	01966	REVERE	MA	02151

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
TONY HSIAO					
Street Address			Street Address		
27 HIGHLAND AVENUE					
City	State	Zip	City	State	Zip
CAMBRIDGE	MA	02139			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1950	COMMON STOCK (CWP)	$150,000

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	Date
ALAN S. GERLOFSKY	FEBRUARY 25, 2021

Signature of Authorized Representative
Alan S. Gerlofsky

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020