



State of Rhode Island

Department of State - Business Services Division

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.

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| | | | |
|---|---|---|--|
| 1. Entity ID Number 000125730 | | 2. Exact name of the Corporation DSK Dewing Schmid Kearns Architect & Planners, Inc. | |
| 3. Principal Office Address 30 Monument Square, Suite 200B | | City Concord | State MA Zip 01742 |
| 4. NAICS Code 541310 | 6. Brief description of the character of business conducted in Rhode Island Architecture and Design Services | | |
| 5. State of Incorporation Massachusetts | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Thomas D Kearns | | Vice-President Name Thomas D Kearns | |
| Street Address 30 Monument Square, Suite 200B | | Street Address 30 Monument Square, Suite 200B | |
| City Concord | State MA | Zip 01742 | City Concord State MA Zip 01742 |
| Secretary Name Thomas D Kearns | | Treasurer Name Thomas D Kearns | |
| Street Address 30 Monument Square, Suite 200B | | Street Address 30 Monument Square, Suite 200B | |
| City Concord | State MA | Zip 01742 | City Concord State MA Zip 01742 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Thomas D Kearns | | Director Name | |
| Street Address 30 Monument Square, Suite 200B | | Street Address | |
| City Concord | State MA | Zip 01742 | City State Zip |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | City State Zip |
| 9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| Changes require an additional filing. | | NUMBER OF SHARES 10,000 | CLASS/SERIES CNP PAR VALUE \$0 |
| 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 Thomas D. Kearns | | Date April 29, 2021 | |
| Signature of Authorized Representative <i>Thomas D. Kearns</i> | | FILED | |