



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 MAY -7 AM 11:10

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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		10,000		CNP	\$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

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

BY 1178 **FILED**
 MAY 07 2021 AA
 FORM 630 - Revised: 08/2020