



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP

MAY 04 2022
FOR
CLERK OF STATE
USE ONLY

BY

1. Entity ID Number 001730081		2. Exact name of the Corporation Dream Architects, The Company	
3. Principal Office Address 603 Great Road		City North Smithfield	State RI
		Zip 02896	
4. NAICS Code 541310	6. Brief description of the character of business conducted in Rhode Island architect		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert Chamberland		Vice-President Name Robert Chamberland	
Street Address 603 Great Road		Street Address 603 Great Road	
City North Smithfield	State RI	City North Smithfield	State RI
Zip 02896		Zip 02896	
Secretary Name Robert Chamberland		Treasurer Name Robert Chamberland	
Street Address 603 Great Road		Street Address 603 Great Road	
City North Smithfield	State RI	City North Smithfield	State RI
Zip 02896		Zip 02896	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Robert Chamberland		Director Name	
Street Address 603 Great Road		Street Address	
City North Smithfield	State RI	City	State
Zip 02896		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		100	Common
			No Par
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. <i>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.</i>			
Name of Authorized Representative Robert Chamberland			Date 04/27/2022
Signature of Authorized Representative			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov