



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

STAWR
FEB 24 2023
 1974 a

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entry ID Number 92821		2. Exact name of the Corporation Vision III Architects, Inc.			
3. Principal Office Address 225 Chapman Street			City Providence	State RI	Zip 02905
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of architecture.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Hauser			Vice-President Name Henry W. Cugno		
Street Address 225 Chapman Street			Street Address 225 Chapman Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Henry W. Cugno			Treasurer Name Ryan Haggerty		
Street Address 225 Chapman Street			Street Address 225 Chapman Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Henry W. Cugno			Director Name Paul Hauser		
Street Address 225 Chapman Street			Street Address 225 Chapman Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name Ryan Haggerty			Director Name		
Street Address 225 Chapman Street			Street Address		
City Providence	State RI	Zip 02905	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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		97.12		Common	
				PAR VALUE \$1.00	
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 Henry W. Cugno				Date 2.22.2023	
Signature of Authorized Representative 					