



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
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

APR 19 2023

BY

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1. Entity ID Number 001743073		2. Exact name of the Corporation Wetherbee Architecture, PC			
3. Principal Office Address 35 Wood Street			City Providence	State RI	Zip 02909
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island 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 Emily Wetherbee			Vice-President Name None		
Street Address 35 Wood Street			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name Emily Wetherbee			Treasurer Name Emily Wetherbee		
Street Address 35 Wood Street			Street Address 35 Wood Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE \$0.01 per share
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 Emily Wetherbee				Date 4/11/2023	
Signature of Authorized Representative 					