

## State of Rhode Island

## Department of State - Business Services Division nual Report for the year: 2023 AMENDED

Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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and neot GESTAIR	-
BUS SYCS DIV	

→ Penalty: Additional \$25	Penalty: Additional \$25.00 fee if form is not filed by May 31.					<u> </u>		
1, Entity ID Number	2. Exact nan	ne of the Corpora	ition	·	[0]] JOE 20			
001750127	Kleinfelder	Architecture, Inc	₿.					
3. Principal Office Address	<u> </u>	· · · · · · · · · · · · · · · · · · ·	City		State	Žip		
1168 N. Main Street				Green	OH	43402		
4. NAICS Code	6. Brief desc	ription of the cha	racter of busines	s conducted in F	Rhode Island			
541310	Architectur	al Services						
5. State of Incorporation								
Ohio								
7. List ALL officers (names ar	7. List ALL officers (names and addresses)			Check the box to indicate an attachment 🗡				
President Name			Vice-President Name					
Street Address		<del></del>	Street Add	ress				
City	State	Zip	City	<u> </u>	State	Zip		
			T	N				
Secretary Name			Treasurer (	Name				
Street Address		Street Address						
City	State	Zip	City	City		Zip		
8. List ALL directors (names a	and addresses)	<u> </u>	\	Chec	k the box to indicate a	an attachment 🗡		
Director Name	<del>.</del>		Director Na	ame				
Street Address			Street Add	Street Address				
City	State	Zip	City		State	Zıp		
Director Name			Director No	Director Name				
Street Address			Street Add	ress				
City	State	Zip	City	<u> </u>	State	Zip		
9. Shares Authorized		10. Shares			ck the box to indicate			
This information is currently of record in the		NUMBER OF SHARES			ASS/SERIES	RIES PAR VALUE \$0.0000		
Department of State.		1,000		CNP				
Changes require an additional	filing.							
11. This report must be execu	uted on behalf of th	e corporation by	an authorized rep	presentative. If the	ne corporation is in the	hands of a re-		
ceiver or trustee, this report r Under penalty of perjury, I	declare and affirm	that I have exam	mined this repo	rt, including an	v accompanying sch	edules and		
statements, and that all statements contained herein are true and co Name of Authorized Representative				·- · -	Date	<del></del>		
William F. Roberson			07.26.202	3				
Signature of Authorized Repr	resentative	( ) ( ) ( )		FILED				
	4	Ville			20			
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MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630- Revised: 04/2023

## Attachment for Officer's and Director's: KLEINFELDER ARCHITECTURE, INC.

Officer's and Director's Address: 1168 N. Main Street, Bowling Green, OH 43402

Name	Title				
William Roberson	CEO & Director				
Louis Armstrong	President & Director				
Saeed Hamizadeh	Treasurer & Director				
Eric Buffington	Secretary				
William Steele	Director				