



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

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

REC'D RIDOS BSD
24 JUL 15 AM 9:22:57

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24 JUN 25 AM 11:07:37

1. Entity ID Number 000150615		2. Exact name of the Corporation Copley Wolff Design Group Inc.			
3. Principal Office Address 10 Post Office Square, Suite 1315			City Boston	State MA	Zip 01844
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island Landscape architecture, design and planning services.			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Copley			Vice-President Name None		
Street Address 364 Marlborough Street			Street Address		
City Boston	State MA	Zip 02115	City	State	Zip
Secretary Name Sean Sanger			Treasurer Name John Copley		
Street Address 10 Post Office Square, Suite 1315			Street Address 10 Post Office Square, Suite 1315		
City Boston	State MA	Zip 02109	City Boston	State MA	Zip 02109
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Danna Group Day			Director Name Ian Ramey		
Street Address 10 Post Office Square, Suite 1315			Street Address 64 School Street		
City Boston	State MA	Zip 02109	City Arlington	State MA	Zip 02476
Director Name James Heroux			Director Name William Andrew Arbaugh		
Street Address 10 Post Office Square, Suite 1315			Street Address 36 Fenwick Street		
City Boston	State MA	Zip 02109	City Somerville	State MA	Zip 02145
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
				CNP	0.00
		196 shares issued			
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 Sean Sanger			FILED		Date 06/18/2024
Signature of Authorized Representative 			JUL 15 2024 BY WTH/45 KS 925		

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

RI DOS MADE NON-SUBSTANTIVE EDITS

2020 Annual Report

00150615 Copley Wolff Design Group - Officers List

Controller
Maureen K Gallagher
9 Taylor Ave
Burlington, MA 01803