



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.

REC'D RHODES BSD
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1. Entity ID Number 000969413		2. Exact name of the Corporation NWS Architects Incorporated			
3. Principal Office Address 200 West Monroe Street, Suite 2070		City Chicago		State IL	Zip 60606
4. NAICS Code 541310	6. Brief description of the character of business conducted in Rhode Island Architecture				
5. State of Incorporation Illinois					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sanjiv Chadha			Vice-President Name NONE		
Street Address 200 West Monroe Street, Suite 2070			Street Address		
City Chicago	State IL	Zip 60606	City	State	Zip
Secretary Name Sanjiv Chadha			Treasurer Name William Neil		
Street Address 200 West Monroe Street, Suite 2070			Street Address 200 West Monroe Street, Suite 2070		
City Chicago	State IL	Zip 60606	City Chicago	State IL	Zip 60606
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sanjiv Chadha			Director Name NONE		
Street Address 200 West Monroe Street, Suite 2070			Street Address		
City Chicago	State IL	Zip 60606	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES CWP	PAR VALUE \$10.00	
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 Sanjiv Chadha					Date 08/06/2024
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

FILED

AUG 14 2024
BY

AA 4:18pm.

FORM 630- Revised 12/2023