



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2024**

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 RIDGS BSD  
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1. Entity ID Number <b>000488910</b>		2. Exact name of the Corporation <b>MILLENNIUM DESIGN ASSOCIATES, INC.</b>	
3. Principal Office Address <b>1599 Washington St, Ste 1A</b>		City <b>BRAINTREE</b>	State <b>MA</b>
		Zip <b>02184</b>	
4. NAICS Code <b>541310</b>	6. Brief description of the character of business conducted in Rhode Island <b>ARCHITECTURE AND RELATED DESIGN SERVICES</b>		
5. State of Incorporation <b>MA</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>JOSEPH A DELUCA</b>		Vice-President Name <b>JOSEPH A DELUCA</b>	
Street Address <b>20 TELEGRAPH HILL RD</b>		Street Address <b>20 TELEGRAPH HILL RD</b>	
City <b>MARSHFIELD</b>	State <b>MA</b>	City <b>MARSHFIELD</b>	State <b>MA</b>
Zip <b>02050</b>		Zip <b>02050</b>	
Secretary Name <b>JOSEPH A DELUCA</b>		Treasurer Name <b>JOSEPH A DELUCA</b>	
Street Address <b>20 TELEGRAPH HILL RD</b>		Street Address <b>20 TELEGRAPH HILL RD</b>	
City <b>MARSHFIELD</b>	State <b>MA</b>	City <b>MARSHFIELD</b>	State <b>MA</b>
Zip <b>02050</b>		Zip <b>02050</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>JOSEPH A DELUCA</b>		Director Name	
Street Address <b>20 TELEGRAPH HILL RD</b>		Street Address	
City <b>MARSHFIELD</b>	State <b>MA</b>	City	State
Zip <b>02050</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		<b>200000</b>	<b>CNP</b>
			<b>0</b>
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 <b>JOSEPH DELUCA</b>			Date <b>8/16/2024</b>
Signature of Authorized Representative 			<b>FILED</b>

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

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BY **MSKBS**

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FORM 630- Revised: 12/2023