RI SOS Filing Number: 202459004800 Date: 8/22/2024 1:32:00 PM

State of Rhode Island Department of State - Business Services Division Annual Report for the year: 2024						ECD RIDOS									
								Corporation —	<u> </u>					£ G	
								→ Filing period: February 1 - May 1						850: 130:	
								→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.); i	Ó
Penalty: Additional \$25.00 fe		iled by May 31. If the Corporation		· · · · · · · · · · · · · · · · · · ·		ij.	· · · · ·								
000488910		•		OCIATES, INC	C.		ļ								
3. Principal Office Address			City	_ -	State		Zip								
1599 Washington St, Ste	1A		BRAIN	NTREE	MA		02184								
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island														
541310	ARCHITECTURE AND RELATED DESIGN SERVICES														
5. State of Incorporation															
MA															
7. List ALL officers (names and add	resses)			Check the	box to Indic	atë an at	tachment 🔲								
President Name JOSEPH A DE	Vice-President Name JOSEPH A DELUCA														
Street Address 20 TELEGRAPH HILL RD				Street Address 20 TELEGRAPH HILL RD											
City MARSHFIELD	State MA	^{Zip} 02050	City MA	RSHFIELD	State	MA	Zip 02050								
Secretary Name JOSEPH A DELUCA			Treasurer Name JOSEPH A DELUCA												
Street Address 20 TELEGRAPH HILL RD			Street Address 20 TELEGRAPH HILL RD												
^{City} MARSHFIELD	State MA	^{Zip} 02050	City MA	RSHFIELD _.	1	ΛA	^{Zip} 02050								
8. List ALL directors (names and ad Director Name	ldresses)	-	Dispetos N		box to indic	ate an at	tachment 🗆								
JOSEPH A DELUCA				Director Name											
Street Address 20 TELEGRAPH HILL RD			Street Address												
City AADOLIEIELD	State MA	^{Zip} 02050	City		State		Zip								
MARSHFIELD	I INIT		Director Name												
MARSHFIELD	INIV	1	Director N	ame		·									
Director Name	MIX		Director No.												
Director Name Street Address	State	Zip			State		Zip								
Director Name Street Address City 9. Shares Authorized	State	Zip 10. Shares Issu	Street Add	ress Check the	e box to indi	cate an a	tachment 🔲								
Director Name Street Address City 9. Shares Authorized	State	Zip	Street Add	lreás	e box to indi	cate an a									
MARSHFIELD Director Name Street Address City 9. Shares Authorized This information is currently of recon	State	Zip 10. Shares Issu NUMBER OF	Street Add	Check the	e box to indi		tachment 🔲								
Director Name Street Address City 9. Shares Authorized This information is currently of reconding the partment of State. Changes require an additional filling.	State d in the	Zip 10. Shares Issu NUMBER OF 200000	Street Add City ed shares	Check the CLASS/SEI	e box to indi RIES	0	ttachment PAR VALUE								
Director Name Street Address City 9. Shares Authorized This information is currently of recond Department of State. Changes require an additional filling. 11. This report must be executed or ceiver or trustee, this report must be Under penalty of perjury, I declared.	State d in the behalf of the core executed on belief eand affirm that	Zip 10. Shares Issu NUMBER OF 200000 poration by an aunalf of the corporation have examine	Street Add City Ted SHARES Attorized repation by the	Check the cass/sell CNP cresentative. If the correceiver or trustee.	e box to indi RIES poration is i	O the hen	ttachment D								
Director Name Street Address City 9. Shares Authorized This information is currently of recondepartment of State. Changes require an additional filling. 11. This report must be executed or ceiver or trustee, this report must be Under penalty of perjury, I declar statements, and that all statements.	State d in the behalf of the core executed on belief and affirm that	Zip 10. Shares Issu NUMBER OF 200000 poration by an aunalf of the corporation have examine	Street Add City Ted SHARES Attorized repation by the	Check the cass/sell CNP cresentative. If the correceiver or trustee.	e box to indi RIES poration is i	O the hen	ttachment D								
Director Name Street Address City 9. Shares Authorized This information is currently of recond Department of State. Changes require an additional filling. 11. This report must be executed or ceiver or trustee, this report must be Under penalty of perjury, I declared.	State d in the behalf of the core executed on belief and affirm that	Zip 10. Shares Issu NUMBER OF 200000 poration by an aunalf of the corporation have examine	Street Add City Ted SHARES Attorized repation by the	Check the cass/sell CNP cresentative. If the correceiver or trustee.	e box to indi	O the hen	ttachment D								
Director Name Street Address City 9. Shares Authorized This information is currently of recondepartment of State. Changes require an additional filling. 11. This report must be executed or ceiver or trustee, this report must be Under penalty of perjury, I declar statements, and that all statement. Name of Authorized Representative	State d in the behalf of the core executed on bel e and affirm that	Zip 10. Shares Issu NUMBER OF 200000 poration by an aunalf of the corporation have examine	Street Add City ed shares atthorized repation by the d this repoil	Check the cass/sell CNP cresentative. If the correceiver or trustee.	e box to indi	0 n the han	ttactiment PAR VALUE								
Director Name Street Address City 9. Shares Authorized This information is currently of recondepartment of State. Changes require an additional filling. 11. This report must be executed or ceiver or trustee, this report must be Under penalty of perjury, I declare statements, and that all statement Name of Authorized Representative JOSEPH DELUCA	State d in the behalf of the core executed on bel e and affirm that	Zip 10. Shares Issu NUMBER OF 200000 poration by an aunalf of the corporation have examine	City red shares atthorized repation by the d this report	Check the cass/sel CNP Dresentative. If the correceiver or trustee. It, including any according to the correction of t	e box to indi	0 n the han	ttachment D								
Director Name Street Address City 9. Shares Authorized This information is currently of recondepartment of State. Changes require an additional filling. 11. This report must be executed or ceiver or trustee, this report must be Under penalty of perjury, I declare statements, and that all statement. Name of Authorized Representative JOSEPH DELUCA Signature of Authorized Representations.	State d in the behalf of the core executed on bel e and affirm that	Zip 10. Shares Issu NUMBER OF 200000 poration by an aunalf of the corporation have examine	City red shares atthorized repation by the d this report	Check the cass/sel CNP Dresentative. If the correceiver or trustee. It, including any according to the correction of t	e box to indi	0 n the han	ttactiment PAR VALUE								
Director Name Street Address City 9. Shares Authorized This information is currently of recondepartment of State. Changes require an additional filling. 11. This report must be executed or ceiver or trustee, this report must be Under penalty of perjury, I declar statements, and that all statement Name of Authorized Representative JOSEPH DELUCA Signature of Authorized Representation MAJL TO: Division of Business Services	State d in the behalf of the core executed on bel e and affirm that its contained her	Zip 10. Shares Issu NUMBER OF 200000 poration by an aunalf of the corporation have examine	City red shares atthorized repation by the d this report	Check the cass/sel CNP Dresentative. If the correceiver or trustee. It, including any according to the correction of t	e box to indi	0 n the han	ttactiment PAR VALUE								
Director Name Street Address City 9. Shares Authorized This information is currently of recondepartment of State. Changes require an additional filling. 11. This report must be executed or ceiver or trustee, this report must be Under penalty of perjury, I declare statements, and that all statement Name of Authorized Representative JOSEPH DELUCA Signature of Authorized Representation MAJL TO:	State d in the behalf of the core executed on bel e and affirm that its contained her	Zip 10. Shares Issu NUMBER OF 200000 poration by an aunalf of the corporation have examine	City red shares atthorized repation by the d this report	Check the CLASS/SEI CNP presentative. If the correceiver or trustee.	poration is i	on the han	ttactiment PAR VALUE								