RI SOS Filing Number: 202564482230 Date: 2/5/2025 4:00:00 PM

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State of Rhode Island Department of State - Business Services Divi				vision FILED ## '			
Annual Report for the year: 2025				FEB 0.5, 2025			
Corporation				PEB ATTOO			
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00			BY 140				
Penalty: Additional \$25.00 fee if form is not filed by May 31.							
1. Entity to Number	2. Exact name of the Corporation						
001743073	Wetherbee Architecture, PC						
3. Principal Office Address	<u> </u>		City State Zip				
3964 Main Road	_			Tiverton	Ri	02878	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
541310							
5. State of Incorporation	The practice of architecture						
Rhode Island							
7. List ALL officers (names and addresses)  Check the box to indicate an attachme						ate an attachment 🗆	
President Name Emily Wetherbee			Vice-President Name None				
Street Address 3964 Main Road			Street Address				
<sup>City</sup> Tiverton	State RI	<sup>Zip</sup> 02878	City	_	State	Zip	
Secretary Name Emily Wetherbee			Treasurer Name Emily Wetherbee				
Street Address 3964 Main Roa	ıd		Street Address 3964 Main Road				
<sup>City</sup> Tiverton	State RI	<sup>Zip</sup> 02878	City Tive	rton	State	RI 02878	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment  Director Name							
None			Unedor Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Oirector Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue				ate an attachment	
This information is currently of recor Department of State.	cord in the NUMBER OF SH		ARES			PAR VALUE	
Changes require an additional filing.		100		Common		\$0.01 par value	
overiges require an economist minigr							
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					Date		
Emily Wetherbee					1,24.2025		
Signature of Authorized Representative							
Lugar							

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.rl.gov