



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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SECRETARY OF STATE
PROVIDENCE, RHODE ISLAND

Annual Report for the year: 2025
Corporation

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

1. Entity ID Number 122130		2. Exact name of the Corporation Frank Karpowicz Architects, Incorporated			
3. Principal Office Address 26 South County Commons Way, Unit A5			City Wakefield	State RI	Zip 02879
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island Provision of architectural services, any ancillary purposes, and all other lawful purposes.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank C. Karpowicz, III			Vice-President Name		
Street Address 26 South County Commons Way, Unit A5			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Frank C. Karpowicz, III			Treasurer Name Frank C. Karpowicz, III		
Street Address 26 South County Commons Way, Unit A5			Street Address 26 South County Commons Way, Unit A5		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			100 Common Shares no par value		
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 FRANK C. KARPOWICZ					Date 1/26/25
Signature of Authorized Representative <i>[Signature]</i>					FILED

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

FEB 06 2025
BY **ML 4824**