



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

**STAMP**

**Corporation**

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

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|   |                    |   |   |                        |                     |
|---|--------------------|---|---|------------------------|---------------------|
| 1. Entity ID Number<br><b>122130</b>  |                    | 2. Exact name of the Corporation<br><b>Frank Karpowicz Architects, Incorporated</b>   |   | 2023 MAR -8 A 8:57     |                     |
| 3. Principal Office Address<br><b>26 South County Commons Way Unit A5</b>   |                    |   | City<br><b>Wakefield</b>  | State<br><b>RI</b>     | Zip<br><b>02879</b> |
| 4. NAICS Code<br><b>541310</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Provision of architectural services, any ancillary purposes, and all other lawful purposes.</b> |   |                        |                     |
| 5. State of Incorporation<br><b>RI</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<br><b>Frank C. Karpowicz, III</b>  |                    |   | Vice-President Name   |                        |                     |
| Street Address<br><b>26 South County Commons Way Unit A5</b>  |                    |   | Street Address  |                        |                     |
| City<br><b>Wakefield</b>  | State<br><b>RI</b> | Zip<br><b>02879</b>   | City  | State                  | Zip                 |
| Secretary Name<br><b>Frank C. Karpowicz, III</b>  |                    |   | Treasurer Name<br><b>Frank C. Karpowicz, III</b>  |                        |                     |
| Street Address<br><b>26 South County Commons Way Unit A5</b>  |                    |   | Street Address<br><b>26 South County Commons Way Unit A5</b>  |                        |                     |
| City<br><b>Wakefield</b>  | State<br><b>RI</b> | Zip<br><b>02879</b>   | City<br><b>Wakefield</b>  | State<br><b>RI</b>     | Zip<br><b>02879</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   |                    |   | 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 <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.<br><br>Changes require an additional filing.  |                    |   | NUMBER OF SHARES  |                        | CLASS/SERIES        |
|   |                    |   | 100 Common with 0.00 Par  |                        | 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. |                    |   |   |                        |                     |
| <i>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.</i>                                       |                    |   |   |                        |                     |
| Name of Authorized Representative<br><b>Frank C. Karpowicz, III</b>   |                    |   |   | Date<br><b>2/20/23</b> |                     |
| Signature of Authorized Representative<br>  |                    |   |   | <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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