



**State of Rhode Island
Department of State - Business Services Division**

REC'D: RIDOS BSD
 24 FEB 5 PM 11:46:11
 OR
 DEPT OF STATE
 ONLY

**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.

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.						
<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> FILED						
Name of Authorized Representative Frank C. Karpowicz, III				Date 1/24/24		
Signature of Authorized Representative 				MS 146 FEB 5 2024 4697		

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

BY _____