

JAN 13 2009

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hours per response: 4.00

FORM D

Notice of Exempt
Offering of Securities

U.S. Securities and Exchange Commission
Washington, DC 20549

(See instructions beginning on page 5)

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Item 1. Issuer's Identity

Name of Issuer

RIM Architects, LLC

Jurisdiction of Incorporation/Organization

Alaska

Year of Incorporation/Organization

(Select one.)

- Over Five Years Ago
- Within Last Five Years (specify year)
- Yet to Be Formed

Previous Name(s)

None

RIM Architects, Inc.

Entity Type (Select one)

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other (Specify)

(If more than one issuer is filing this notice, check this box and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

Street Address 1

645 G Street, Suite 400

City

Anchorage

State/Province/Country

Alaska

Street Address 2

ZIP/Postal Code

99501

Phone

(907) 644-7818

JAN 28 2009

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Item 3. Related Persons

Last Name

Cash

First Name

Larry

Middle Name

S.

Street Address 1

645 G Street, Suite 400

City

Anchorage

State/Province/Country

Alaska

Street Address 2

ZIP/Postal Code

99501

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary) Manager or President of one or more issuers whose securities are being exchanged.



09000100

(Identify additional related persons by checking this box and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

- Agriculture
- Banking and Financial Services
 - Commercial Banking
 - Insurance
 - Investing
 - Investment Banking
 - Pooled Investment Fund

If selecting this industry group, also select one fund type below and answer the question below:

- Hedge Fund
- Private Equity Fund
- Venture Capital Fund
- Other Investment Fund

Is the issuer registered as an investment company under the Investment Company Act of 1940? Yes No

Other Banking & Financial Services

- Business Services
- Energy
 - Electric Utilities
 - Energy Conservation
 - Coal Mining
 - Environmental Services
 - Oil & Gas
 - Other Energy

- Health Care
 - Biotechnology
 - Health Insurance
 - Hospitals & Physicians
 - Pharmaceuticals
 - Other Health Care

- Manufacturing
- Real Estate
 - Commercial

- Construction
- REITS & Finance
- Residential
- Other Real Estate
- Retailing
- Restaurants
- Technology
 - Computers
 - Telecommunications
 - Other Technology
- Travel
 - Airlines & Airports
 - Lodging & Conventions
 - Tourism & Travel Services
 - Other Travel
- Other

Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | Investment Company Act Section 3(c) | <input type="checkbox"/> Section 3(c)(9) |
| <input type="checkbox"/> Rule 504(b)(1)(i) | <input type="checkbox"/> Section 3(c)(1) | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504(b)(1)(ii) | <input type="checkbox"/> Section 3(c)(2) | <input type="checkbox"/> Section 3(c)(11) |
| <input type="checkbox"/> Rule 504(b)(1)(iii) | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(12) |
| <input checked="" type="checkbox"/> Rule 505 | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(13) |
| <input type="checkbox"/> Rule 506 | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(14) |
| <input type="checkbox"/> Securities Act Section 4(6) | <input type="checkbox"/> Section 3(c)(6) | |
| | <input type="checkbox"/> Section 3(c)(7) | |

Item 7. Type of Filing

- New Notice OR Amendment

Date of First Sale in this Offering: OR First Sale Yet to Occur

Item 8. Duration of Offering

Does the issuer intend this offering to last more than one year? Yes No

Item 9. Type(s) of Securities Offered (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Equity | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input type="checkbox"/> Debt | <input type="checkbox"/> Tenant-in-Common Securities |
| <input type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security | <input type="checkbox"/> Mineral Property Securities |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> Other (Describe) |
-

Item 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary)

FORM D

U.S. Securities and Exchange Commission

Washington, DC 20549

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ Not applicable

Item 12. Sales Compensation

Recipient Not applicable Recipient CRD Number No CRD Number

(Associated) Broker or Dealer None (Associated) Broker or Dealer CRD Number No CRD Number

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

States of Solicitation All States AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR

(Identify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).)

Item 13. Offering and Sales Amounts

(a) Total Offering Amount \$ Indefinite

(b) Total Amount Sold \$

(c) Total Remaining to be Sold \$ Indefinite

Clarification of Response (if Necessary)

Fair market value of exchanged securities will be determined by appraisal as of 12/31/08; preliminary appraisal indicates fair market value less than \$5,000,000.

Item 14. Investors

Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering: 0

Enter the total number of investors who already have invested in the offering: 0

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ Not applicable Estimate

Finders' Fees \$ Not applicable Estimate

Clarification of Response (if Necessary)

Not applicable

Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ Not applicable

Estimate

Clarification of Response (if Necessary)

[Empty box for clarification of response]

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

RIM Architects, LLC

Name of Signer

Larry S. Cash

Signature

[Handwritten signature]

Title

President / CEO

Number of continuation pages attached:

7

Date

11/5/09

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Items 1 and 2 Continuation Page

Item 1 and 2. Issuer's Identity and Contact Information (Continued)

Name of Issuer
RIM Architects (AK), LLC

Jurisdiction of Incorporation/Organization
Alaska

Year of Incorporation/Organization (Select one)
 Over Five Years Ago
 Within Last Five Years (specify year)
 Yet to Be Formed

Previous Name(s) None

Entity Type (Select one)
 Corporation
 Limited Partnership
 Limited Liability Company
 General Partnership
 Business Trust
 Other (Specify)

At your option, supply separate contact information for this issuer:

Street Address 1: 645 G Street, Suite 400

Street Address 2:

City: Anchorage State/Province/Country: Alaska ZIP/Postal Code: 99501 Phone No.: 907-258-7777

Name of Issuer
RIM Architects (Guam), LLC

Jurisdiction of Incorporation/Organization
Guam

Year of Incorporation/Organization (Select one)
 Over Five Years Ago
 Within Last Five Years (specify year)
 Yet to Be Formed

Previous Name(s) None
RIM Architects (Guam), Inc.

Entity Type (Select one)
 Corporation
 Limited Partnership
 Limited Liability Company
 General Partnership
 Business Trust
 Other (Specify)

At your option, supply separate contact information for this issuer:

Street Address 1: 316 Herman Corez Avenue, Suite 300

Street Address 2:

City: Hagatna State/Province/Country: Guam ZIP/Postal Code: 96910 Phone No.: 671-477-2111

Name of Issuer
RIM Architects (Hawaii), LLC

Jurisdiction of Incorporation/Organization
Hawaii

Year of Incorporation/Organization (Select one)
 Over Five Years Ago
 Within Last Five Years (specify year) 2005
 Yet to Be Formed

Previous Name(s) None

Entity Type (Select one)
 Corporation
 Limited Partnership
 Limited Liability Company
 General Partnership
 Business Trust
 Other (Specify)

At your option, supply separate contact information for this issuer:

Street Address 1: 851 Fort Street, Suite 200

Street Address 2:

City: Honolulu State/Province/Country: Hawaii ZIP/Postal Code: 96813 Phone No.: 808-550-0844

(Copy and use additional copies of this page as necessary.)

Items 1 and 2 Continuation Page

Item 1 and 2. Issuer's Identity and Contact Information (Continued)

Name of Issuer
RIM Architects (California), Inc.

Jurisdiction of Incorporation/Organization
California

Year of Incorporation/Organization (Select one)
 Over Five Years Ago
 Within Last Five Years (specify year)
 Yet to Be Formed

Previous Name(s) None

Entity Type (Select one)
 Corporation
 Limited Partnership
 Limited Liability Company
 General Partnership
 Business Trust
 Other (Specify)

At your option, supply separate contact information for this issuer:

Street Address 1: 118 2nd Street, 2nd Floor

Street Address 2:

City: San Francisco State/Province/Country: California ZIP/Postal Code: 94105 Phone No.:

Name of Issuer
RIM Architects (Saipan), Inc.

Jurisdiction of Incorporation/Organization
Northern Mariana Islands

Year of Incorporation/Organization (Select one)
 Over Five Years Ago
 Within Last Five Years (specify year) 2005
 Yet to Be Formed

Previous Name(s) None

Entity Type (Select one)
 Corporation
 Limited Partnership
 Limited Liability Company
 General Partnership
 Business Trust
 Other (Specify)

At your option, supply separate contact information for this issuer:

Street Address 1: P.O. Box 5337

Street Address 2:

City: Saipan State/Province/Country: MP ZIP/Postal Code: 96950 Phone No.:

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization (Select one)
 Over Five Years Ago
 Within Last Five Years (specify year)
 Yet to Be Formed

Previous Name(s) None

Entity Type (Select one)
 Corporation
 Limited Partnership
 Limited Liability Company
 General Partnership
 Business Trust
 Other (Specify)

At your option, supply separate contact information for this issuer:

Street Address 1:

Street Address 2:

City: State/Province/Country: ZIP/Postal Code: Phone No.:

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Cash, First Name: Barbara, Middle Name: L.
Street Address 1: 645 G Street, Suite 301, Street Address 2:
City: Anchorage, State/Province/Country: Alaska, ZIP/Postal Code: 99501
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Director of one or more companies whose securities are being exchanged.

Last Name: McVeigh, First Name: David, Middle Name: L.
Street Address 1: 645 G Street, Suite 400, Street Address 2:
City: Anchorage, State/Province/Country: Alaska, ZIP/Postal Code: 99501
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Manager of one or more companies whose securities are being exchanged.

Last Name: Nelson, First Name: Eric, Middle Name: R.
Street Address 1: 316 Herman Cortez Ave., Suite 300, Street Address 2:
City: Hagatna, State/Province/Country: Guam, ZIP/Postal Code: 96910
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Manager of one or more companies whose securities are being exchanged.

Last Name: Dougherty, First Name: James, Middle Name: E.
Street Address 1: 645 G Street, Suite 400, Street Address 2:
City: Anchorage, State/Province/Country: Alaska, ZIP/Postal Code: 99501
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Manager of one or more companies whose securities are being exchanged.

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Joseph, First Name: Aaron, Middle Name: []
Street Address 1: 645 Street, Suite 400, Street Address 2: []
City: Anchorage, State/Province/Country: Alaska, ZIP/Postal Code: 99501
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Manager of one or more companies whose securities are being exchanged.

Last Name: Vogel, First Name: Matthew, Middle Name: P.
Street Address 1: 645 G Street, Suite 400, Street Address 2: []
City: Anchorage, State/Province/Country: Alaska, ZIP/Postal Code: 99501
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Manager of one or more companies whose securities are being exchanged.

Last Name: Bohne, First Name: Scott, Middle Name: []
Street Address 1: 645 G Street, Suite 400, Street Address 2: []
City: Anchorage, State/Province/Country: Alaska, ZIP/Postal Code: 99501
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Manager of one or more companies whose securities are being exchanged.

Last Name: Armour, First Name: Timothy, Middle Name: L.
Street Address 1: 645 G Street, Suite 400, Street Address 2: []
City: Anchorage, State/Province/Country: Alaska, ZIP/Postal Code: 99501
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Manager of one or more companies whose securities are being exchanged.

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Wolke First Name: Christine Middle Name: M.

Street Address 1: P.O. Box 5337 Street Address 2:

City: Saipan State/Province/Country: MP ZIP/Postal Code: 96950

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary): Manager of one or more companies whose securities are being exchanged.

Last Name: Noret First Name: Phillip Middle Name: L.

Street Address 1: P.O. Box 5337 Street Address 2:

City: Saipan State/Province/Country: MP ZIP/Postal Code: 96950

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary): Manager of one or more companies whose securities are being exchanged.

Last Name: Jones First Name: Michelle Middle Name: M.

Street Address 1: 118 2nd Street, 2nd Floor Street Address 2:

City: San Francisco State/Province/Country: California ZIP/Postal Code: 94105

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary): Manager of one or more companies whose securities are being exchanged.

Last Name: Philips First Name: Krista Middle Name:

Street Address 1: 645 G Street, Suite 301 Street Address 2:

City: Anchorage State/Province/Country: Alaska ZIP/Postal Code: 99501

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary): Manager of one or more companies whose securities are being exchanged.

(Copy and use additional copies of this page as necessary.)

Signature Continuation Page

Signature and Submission

The undersigned is the duly authorized representative of the issuer(s), identified in the field beside the individual's name below.

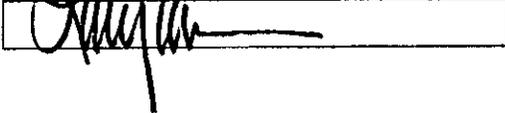
Issuer

RIM Architects (Guam), LLC

Name of Signer

Larry S. Cash

Signature



Title

CEO

Date

1-5-09

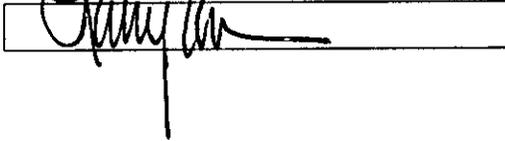
Issuer

RIM Architects (Hawaii), LLC

Name of Signer

Larry S. Cash

Signature



Title

CEO

Date

1-5-09

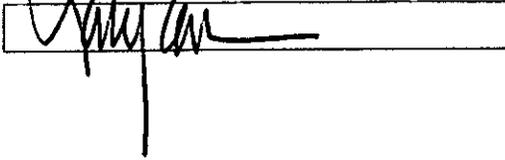
Issuer

RIM Architects (California), Inc.

Name of Signer

Larry S. Cash

Signature



Title

CEO

Date

1-5-09

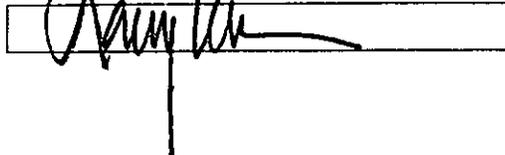
Issuer

RIM Architects (Saipan), Inc.

Name of Signer

Larry S. Cash

Signature



Title

CEO

Date

1-5-09

Signature Continuation Page

Signature and Submission

The undersigned is the duly authorized representative of the issuer(s), identified in the field beside the individual's name below.

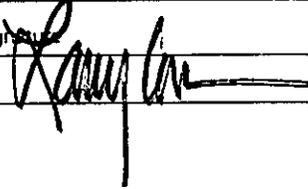
Issuer

RIM Architects (AK), LLC

Name of Signer

Larry S. Cash

Signature



Title

CEO

Date

1-5-09

Issuer

Name of Signer

Signature

Title

Date

Issuer

Name of Signer

Signature

Title

Date

Issuer

Name of Signer

Signature

Title

Date

(Copy and use additional copies of this page as necessary.)

END