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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cont'd)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
113754	PEM, INC.			
3. Street Address Principal Business Office		City	State	Zip
201 Smith Street		Providence	RI	02908
4. Business Phone No.	5. State of Incorporation			
401-272-0966	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
general convenience store and also to sell, service and repair automobiles and automotive related items.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Periklis Koutsouris			Periklis Koutsouris		
Street Address			Street Address		
201 Smith Street			201 Smith Street		
City	State	Zip	City	State	Zip
Providence	RI	02908	Providence	RI	02908
Secretary Name			Treasurer Name		
Periklis Koutsouris			Periklis Koutsouris		
Street Address			Street Address		
201 Smith Street			201 Smith Street		
City	State	Zip	City	State	Zip
Providence	RI	02908	Providence	RI	02908

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
None					
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

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES - - THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par

THIS SECTION MUST BE COMPLETED

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.

[redacted] [redacted]

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.

Signature *Date* 02/13/09

Periklis Koutsouris
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. FEB 18 2009
By: By

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