

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 2011

. Corporate ID No. 163315	2. Name of Co Piece Ma	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(c)). 2. Name of Corporation Piece Management, Inc.			
Street Address Principal 117 South 2nd St	Business Office reet		City New Hyde Park	State NY	Zip
4. Business Phone No. 5. State of Incorporation New York					11040
Brief Description of the Construction, renova	Character of Business Conductions, repairs - comn	ucted in Rhode Island nercial			
NAMES AND ADD	RESSES OF THE OFF	TICERS: ("X" BOX FOR ATT	ACHMENT) FILL IN S	PACES BEFORE USING	G ATTACHMENTS
Michael Sumersille			vice President Name		
Street Address 2533 Washington Blvd			Douglas Pomerantz Street Address 378 Merrifield Ave		
. Bellmore	State	Zip	City	State	715
cretary Name	NY	11710	Oceanside	NÝ	^{Zip} 115 72
NONE			Treasurer Name NONE		
treet Address			Street Address		
<i>t</i>) [,]	State	Zip	City	State	Zip
NAMES AND ADDE	ESSES OF THE DID	CTORC (AVEL DOLLAR)			
rector Name ONE	LEGICO OF THE DIKE	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL IN Director Name NONE	SPACES BEFORE USIN	NG ATTACHMENTS
vet Address			Street Address		
r	State	7			
	State	Zip	City	State	Zip
ector Name ONE	***************************************	•••••••••	Director Name		l
reet Address			NONE		
			Street Address	· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	State	Zip	City	State	Zip
HARES AUTHORIZ	ZED [1	10 CHARDS YOUR	50.22	1
			10. SHARES ISSUED (ISSUED SHARES — THIS SECT	"X" BOX FOR ATTAC TON MUST BE COMPLETED	HMENT)
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.			Number of Shares	Class/Series	Par Value
			300	common	7.50
	ecuted on behalf of th	e corporation by an authorize	d representative. If the cor	poration is in the hand	s of a receiver or trus
s report must be exe	cuted on behalf of the	cornoration by the			
is report must be execusive report must be execused	cuted on behalf of the	corporation by the receiver of	or trustee.		

File Date	FILED	······································
Check No.	FEB 2 4 2011	
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P	OR SECRETARY OF STATE USE ONLY	

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Under penalty of perjury, I declar	e and affirm that I have examined this report
including any accompanying sche	dules and statements, and that all ctatement
contained herain and true and corr	ect. / 21-11
Signature	Date
Michael Sumersille	,
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08