



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 31803		2. Exact name of the Corporation Promac, Inc.			
3. Principal office address 23 Clinton Street			City Woonsocket	State RI	Zip 02895
4. Business Phone No. 401-762-9062			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Development and construction of real estate, buying and selling realty.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Anthony A. Geruso			Vice-President Name Gregory M. Geruso		
Street Address 286 Sage Trail			Street Address 286 Sage Trail		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Ashley A. Geruso			Treasurer Name Maureen J. Myette		
Street Address 265 Post Road, Unit 4			Street Address 29 New York Avenue		
City Warwick	State RI	Zip 02888	City Cumberland	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Anthony A. Geruso			Director Name Anthony T. Geruso		
Street Address 286 Sage Trail			Street Address 262 Anawan Raod		
City North Kingstown	State RI	Zip 02852	City Rehoboth	State MA	Zip 02769
Director Name Anthony T. Geruso			Director Name Anthony A. Geruso		
Street Address 262 Anawan Road			Street Address 286 Sage Trail		
City Rehoboth	State MA	Zip 02769	City North Kingstown	State RI	Zip 02852
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			600 comm no par l		

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.

FILED

File Date FEB 09 2012

Check No _____

By: 997

FOR SECRETARY OF STATE USE ONLY

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.

Anthony A. Geruso 02/07/2012
 Signature of Authorized Representative Date

Anthony A. Geruso
 Print or Type Name of Authorized Representative