



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. 542074		2. Exact name of the Corporation PALMA PROPERTY MANAGER CORP.			
3. Principal office address 215 Ohio Avenue		City Providence	State RI	Zip 02905	
4. Business Phone No. 401-919-0454		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Buy, Sell, Hold, Repair, Rent & Manage Real Estate owned by the Corporation					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Emilia Nunez			Vice-President Name Emilia Nunez		
Street Address 215 Ohio Avenue			Street Address 215 Ohio Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Emilia Nunez			Treasurer Name Emilia Nunez		
Street Address 215 Ohio Avenue			Street Address 215 Ohio Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
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 ("X" BOX FOR ATTACHMENT) ☐		
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

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

E. Nunez **03/22/2012**
Signature of Authorized Representative Date

Emilia Nunez

Print or Type Name of Authorized Representative