



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 2013

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. 83493		2. Exact name of the Corporation P.I.R. Corp.			
3. Principal office address 1 Freeway Dr.		City Cranston	State RI	Zip 02920	
4. Business Phone No. (401) 467-0200		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island buy, sell, manage, and invest in real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Russell B. Robinson			Vice-President Name None		
Street Address 264 Irving Ave.			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Joyce Robinson			Treasurer Name Russell B. Robinson		
Street Address 264 Irving Ave.			Street Address 264 Irving Ave.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Russell B. Robinson			Director Name Joyce Robinson		
Street Address 264 Irving Ave.			Street Address 264 Irving Ave.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			5	Class A	\$1 Par
			495	Class B	\$1 Par

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 _____

FILED

Check No _____

By: _____

JAN 23 2013

FOR SECRETARY OF STATE USE ONLY

BY **506**

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 of Authorized Representative

Date **4/21/13**

Russell B. Robinson

Print or Type Name of Authorized Representative