



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. 112117		2. Exact name of the Corporation Premier Properties, Inc.			
3. Principal office address 268 Scott Road		City Cumberland	State R.I.	Zip 02864	
4. Business Phone No. 401-333-0664		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Purchase, Rehabilitation and Sales of Properties. Purchase and Sales of used Autos.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Linda A. Jackvony		Vice-President Name Brian Jackvony			
Street Address 268 Scott Road		Street Address 268 Scott Road			
City Cumberland	State R.I.	Zip 02864	City Cumberland	State R.I.	Zip 02864
Secretary Name - NONE -		Treasurer Name - NONE -			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name - NONE -		Director Name - NONE -			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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. 200 NO PAR VALUE		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		0 NONE			

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: _____ 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.

Linda A. Jackvony 2-4-13
Signature of Authorized Representative Date

Linda A. Jackvony
Print or Type Name of Authorized Representative