



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. 000066502		2. Exact name of the Corporation Performance Research Incorporated								
3. Principal office address 25 Mill Street			City Newport	State RI	Zip 02840					
4. Business Phone No. 401-848-0111		5. State of Incorporation RI								
6. Brief description of the character of business conducted in Rhode Island to engage in market research										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Jed Pearsall			Vice-President Name Bill Doyle							
Street Address 25 Mill Street			Street Address 25 Mill Street							
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840					
Secretary Name Jed Pearsall			Treasurer Name Jed Pearsall							
Street Address 25 Mill Street			Street Address 25 Mill Street							
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
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) <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		
						100	CWP	\$1.00		

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: _____

FILED

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.

MAR 21 2013

Signature of Authorized Representative _____ Date **3/14/13**

Jed Pearsall, President

Print or Type Name of Authorized Representative

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BY

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