

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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly. Filing Fee: \$20,00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation				
753340	PMG Charities, Inc.				
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island The corporation will support and conduct programs that provide assistance				
Rhode Island	to needy	/ individuals in R	de Island.		
5. Principal office address 700 School Street			City Pawtucket	State RI	^{Zip} 02860
6. LIST ALL OFFICERS (N	AMES AND ADDI	RESSES) ("X" BOX FO	ATAGHMEND .		
President Name Richard Santilli			Vice-President Name Robert Skeffington		
Street Address 8 Elizabeth Drive			Street Address 64 High Service Avenue		
City Lincoln	State RI	Zip 02865	City Providence	State RI	Zip 02911
Secretary Name Raymond Jorgensen			Treasurer Name Richard Santilli		
Street Address 59 Eastwick Road			Street Address 8 Elizabeth Drive		
City North Kingstown	State RI	Zip 02852	City Lincoln	State RI	Zip 02865
7. LIST ALL DIRECTORS (("X" BOX FOR ATTACH	NAMES AND ADD	RESSES). RHODE IS	LAND CORPORATIONS MUST	LIST NO LESS THAN	THREE (3) DIRECTORS
Director Name Richard Santilli			Director Name Robert Skeffington		
Street Address 8 Elizabeth Drive			Street Address 64 High Service Avenue		
City Lincoln	State RI	Zip 02865	City Providence	State RI	Zip 02911
Director Name Raymond Jorgensen			Director Name		
Street Address 59 Eastwick Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
. REGISTERED AGENT IN		agiana ai ana an ay ay ay angan baraba tan			
his information is current	ly of record in the	Office of the Secret	ary of State. Changes require fili	ng Form 641.	
This report must I	ha signed by eithe	r the Propident Vice P	resident Secretary Assistant Secr	Atani Transitias Dani	incor on Torrator

FIL	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements.
Check No.	
FOR SECRETARY OF STATE USE ONLY	Richard Santilli
	Print or Type Name of Officer
Form No. 631	President
Revised: 05/2012	Title of Officer