



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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |                    |   |      |                    |                     |
|---|--------------------|---|------|--------------------|---------------------|
| 1. Entity ID No.<br><b>707565</b>   |                    | 2. Exact name of the limited liability company<br><b>PM, LLC</b>                                      |      |                    |                     |
| 3. State of Formation<br><b>RI</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Rental Property</b> |      |                    |                     |
| 5. Principal office address<br><b>14 Wedgewood Drive</b>  |                    | City<br><b>Middletown</b>   |      | State<br><b>RI</b> | Zip<br><b>02842</b> |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |                    |   |      |                    |                     |
| Contact Name<br><b>Konstantinos Moisiades</b>   |                    | Contact Title   |      |                    |                     |
| Street Address<br><b>14 Wedgewood Drive</b>   |                    | City<br><b>Middletown</b>   |      | State<br><b>RI</b> | Zip<br><b>02842</b> |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |   |      |                    |                     |
| Manager Name<br><b>Konstantinos Moisiades</b>   |                    | Manager Name  |      |                    |                     |
| Street Address<br><b>14 Wedgewood Drive</b>   |                    | Street Address  |      |                    |                     |
| City<br><b>Middletown</b>   | State<br><b>RI</b> | Zip<br><b>02842</b>   | City | State              | Zip                 |
| Manager Name  |                    | Manager Name  |      |                    |                     |
| Street Address  |                    | Street Address  |      |                    |                     |
| City  | State              | Zip   | City | State              | Zip                 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |                    |   |      |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |                    |   |      |                    |                     |

|  |       |
|--|-------|
| File Date                              | _____ |
| Check No                               | _____ |
| By                                     | _____ |
| <b>FOR SECRETARY OF STATE USE ONLY</b> |       |

**FILED**

SEP 30 2013

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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.

*Konstantinos Moisiades* 9-18-13  
Signature of Authorized Person Date

**Konstantinos Moisiades**

Print or Type Name of Authorized Person