



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 2014

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. 487340		2. Exact name of the Corporation PMCS FLEET MAINTENANCE, INC.			
3. Principal office address 883 REYNOLDS ROAD		City CHEPACHET	State RI	Zip 02814	
4. Business Phone No. 4017109396		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island GENERAL MAINTENANCE AND REPAIR OF VARIOUS VEHICLES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT AZEVEDO			Vice-President Name ROBERT AZEVEDO		
Street Address 883 REYNOLDS ROAD			Street Address 883 REYNOLDS ROAD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
Secretary Name DINA AZEVEDO			Treasurer Name DINA AZEVEDO		
Street Address 883 REYNOLDS ROAD			Street Address 883 REYNOLDS ROAD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ROBERT AZEVEDO			Director Name DINA AZEVEDO		
Street Address 883 REYNOLDS ROAD			Street Address 883 REYNOLDS ROAD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
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
			400	COMMON	.01

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.

FILED

JAN 15 2014

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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.

Robert Azevedo 1-13-14
 Signature of Authorized Representative Date

ROBERT AZEVEDO, PRESIDENT

Print or Type Name of Authorized Representative

File Date _____
 Check No _____
 By _____
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