



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. 109334		2. Exact name of the Corporation Property Management Group, Ltd.			
3. Principal office address 167 Main Street			City Westerly	State RI	Zip 02891
4. Business Phone No.			5. State of Incorporation Delaware		
6. Brief description of the character of business conducted in Rhode Island Real Estate					
IS A SUBSIDIARY OF A CORPORATION <input type="checkbox"/>					
President Name L.B. Wilkes			Vice-President Name L.B. Wilkes		
Street Address 14 Burkle Lake lane			Street Address 14 Burkle Lake Lane		
City Eldon	State MO	Zip 65926	City Eldon	State MO	Zip 65926
Secretary Name Mildred Wilkes			Treasurer Name Olga Gassett		
Street Address 14 Burkle Lake Lane			Street Address 11628 S.W. Courtly Manor Drive		
City Eldon	State MO	Zip 65926	City Lake Suzy	State FL	Zip 34269
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (SEE 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 (SEE 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	Common	No Par Value

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 _____
 FOR SECRETARY OF STATE USE ONLY

FILED
FEB 12 2014

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.

L.B. Wilkes 1/20/2014
 Signature of Authorized Representative Date
L.B. Wilkes, President

Print or Type Name of Authorized Representative