



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 2015

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. 132295		2. Exact name of the Corporation PREMIER CONSULTING, INC.			
3. Principal office address 32 MEETING STREET			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. (401) 721-0721			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island CONSULTING AND EQUIPMENT LEASING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name VINCENT M. GRIFFIN			Vice-President Name TAMMY L. GRIFFIN		
Street Address 32 MEETING STREET			Street Address 32 MEETING STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name TAMMY L. GRIFFIN			Treasurer Name VINCENT M. GRIFFIN		
Street Address 32 MEETING STREET			Street Address 32 MEETING STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name TAMMY L. GRIFFIN			Director Name VINCENT M. GRIFFIN		
Street Address 32 MEETING STREET			Street Address 32 MEETING STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
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.					

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

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.

[Signature]
 Signature of Authorized Representative Date **1-22-15**

VINCENT M. GRIFFIN, PRESIDENT
 Print or Type Name of Authorized Representative

FILED
FEB 04 2015
BY 1590