



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. 512234		2. Exact name of the Corporation Peter Halmos & Sons, Inc			
3. Principal office address 700 S. Olive Avenue		City West Palm Beach	State FL	Zip 33401	
4. Business Phone No. 561-249-1712		5. State of Incorporation Florida			
6. Brief description of the character of business conducted in Rhode Island Residential Real Estate Rental					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Peter Halmos			Vice-President Name Mike Kirkpatrick		
Street Address 700 S. Olive Avenue			Street Address 700 S. Olive Avenue		
City West Palm Beach	State FL	Zip 33401	City West Palm Beach	State FL	Zip 33401
Secretary Name Nicholas Halmos			Treasurer Name Gail C. Meyers		
Street Address 700 S. Olive Avenue			Street Address 4540 PGA Boulevard, Suite 216		
City West Palm Beach	State FL	Zip 33401	City Palm Beach Gardens	State FL	Zip 33418
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name none			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 ("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
			10,000	CWP	.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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
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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.

Gail C. Meyers
Signature of Authorized Representative

2/26/15
Date

Gail C. Meyers

Print or Type Name of Authorized Representative