



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 2016

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						
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 NAME AND ADDRESSES (SEE 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 (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
				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

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 12-14-15
 Signature of Authorized Representative Date
ROBERT AZEVEDO, PRESIDENT
 Print or Type Name of Authorized Representative

JAN 21 2016
 KL 1131