



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. <b>487340</b>		2. Exact name of the Corporation <b>PMCS FLEET MAINTENANCE, INC.</b>				
3. Principal office address <b>883 REYNOLDS ROAD</b>			City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>	
4. Business Phone No. <b>4017109396</b>		5. State of Incorporation <b>RI</b>				
6. Brief description of the character of business conducted in Rhode Island <b>GENERAL MAINTENANCE AND REPAIR OF VARIOUS VEHICLES</b>						
President Name <b>ROBERT AZEVEDO</b>			Vice-President Name <b>ROBERT AZEVEDO</b>			
Street Address <b>883 REYNOLDS ROAD</b>			Street Address <b>883 REYNOLDS ROAD</b>			
City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>	
Secretary Name <b>DINA AZEVEDO</b>			Treasurer Name <b>DINA AZEVEDO</b>			
Street Address <b>883 REYNOLDS ROAD</b>			Street Address <b>883 REYNOLDS ROAD</b>			
City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>	
8. LIST ALL DIRECTORS NAME AND ADDRESSES (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name <b>ROBERT AZEVEDO</b>			Director Name <b>DINA AZEVEDO</b>			
Street Address <b>883 REYNOLDS ROAD</b>			Street Address <b>883 REYNOLDS ROAD</b>			
City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>	
Director Name <b>NONE</b>			Director Name <b>NONE</b>			
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  
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