



**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

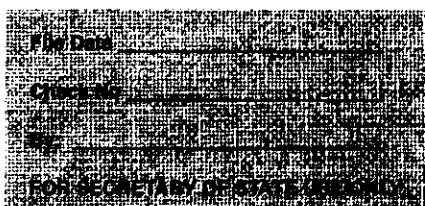
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

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>109334</b>		2. Exact name of the Corporation <b>Property Management Group, Ltd.</b>			
3. Principal office address <b>167 Main Street</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	
4. Business Phone No.		5. State of Incorporation <b>Delaware</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Real Estate</b>					
<b>President Name</b> <b>L.B. Wilkes</b>					
<b>Vice-President Name</b> <b>L.B. Wilkes</b>					
<b>Street Address</b> <b>14 Burkle Lake lane</b>			<b>Street Address</b> <b>14 Burkle Lake Lane</b>		
City <b>Eldon</b>	State <b>MO</b>	Zip <b>65926</b>	City <b>Eldon</b>	State <b>MO</b>	Zip <b>65926</b>
<b>Secretary Name</b> <b>Mildred Wilkes</b>			<b>Treasurer Name</b> <b>Olga Gassett</b>		
<b>Street Address</b> <b>14 Burkle Lake Lane</b>			<b>Street Address</b> <b>11628 S.W. Courtly Manor Drive</b>		
City <b>Eldon</b>	State <b>MO</b>	Zip <b>65926</b>	City <b>Lake Suzy</b>	State <b>FL</b>	Zip <b>34269</b>
<b>7. LIST ALL DIRECTORS, NAME AND ADDRESS OF EACH. DO NOT ATTACHMENT.</b>					
<b>Director Name</b>			<b>Director Name</b>		
<b>Street Address</b>			<b>Street Address</b>		
City	State	Zip	City	State	Zip
<b>Director Name</b>			<b>Director Name</b>		
<b>Street Address</b>			<b>Street Address</b>		
City	State	Zip	City	State	Zip
<b>8. SHARES AUTHORIZED</b>					
<b>NUMBER OF SHARES</b>					
<b>CLASS/SERIES</b>					
<b>PAR VALUE</b>					
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.					
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.



**FILED**  
**MAY 16 2016**

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 of Authorized Representative

Date

**L.B. Wilkes, President**

Print or Type Name of Authorized Representative