

AMENDED 2015



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 AMENDED 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. 000971846 | | 2. Exact name of the Corporation Performance Restoration, Inc. | |
| 3. Principal office address 1135 CHARLES STREET | | City N. PROVIDENCE | State R.I. |
| 4. Business Phone No. (401) 724-9111 | | 5. State of Incorporation Rhode Island | |
| 6. Brief description of the character of business conducted in Rhode Island TO PROVIDE GENERAL CONSTRUCTION AND RESTORATION CONTRACTING SERVICES TO THE PUBLIC | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| President Name William R. D'Amico III | | Vice-President Name William R. D'Amico III | |
| Street Address 2302 Kingstown Road | | Street Address 2302 Kingstown Road | |
| City S. Kingstown | State R.I. | City S. Kingstown | State RI |
| Zip 02879 | | Zip 02879 | |
| Secretary Name William R. D'Amico III | | Treasurer Name William R. D'Amico III | |
| Street Address 2302 Kingstown Road | | Street Address 2302 Kingstown Road | |
| City S. Kingstown | State RI | City S. Kingstown | State RI |
| Zip 02879 | | Zip 02879 | |
| 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 | City | State |
| Zip | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 |
| | | 1000 | STK |
| | | OUTSTANDING | |
| | | PAR VALUE / SH | |
| | | \$0.01 | |

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

Form No. 630
Revised: 01/2012

FILED

JUN 09 2016

By

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.

William D. Monica 6/6/16
Signature of Authorized Representative CONTROLLER Date
William D. Monica 6/6/16
Print or Type Name of Authorized Representative