



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2016 SEP 22 AM 11:48
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
RECEIVED
02703

1. Entity ID Number <u>000106372</u>		2. Exact name of the Corporation <u>P.M.G., Inc.</u>	
3. Principal Office Address <u>56 Rosewood Ave</u>		City <u>Attleboro</u>	State <u>Ma</u>
4. Business Phone Number <u>401-441-9469</u>		5. State of Incorporation <u>02703</u>	
6. Brief description of the character of business conducted in Rhode Island <u>To conduct Restaurant business</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jean Gaudette</u>		Vice-President Name	
Street Address <u>56 Rosewood Ave</u>		Street Address	
City <u>Attleboro</u>	State <u>Ma</u>	Zip <u>02703</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>150</u>	CLASS/SERIES <u>0</u>
11. 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. 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.			
Name of Authorized Representative <u>Jean Gaudette</u>		Date <u>9-22-2016</u>	
Signature of Authorized Representative <u>Jean Gaudette</u>		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

SEP 22 2016

By 284134

FORM 630 - Revised: 05/2016