



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 113754		2. Exact name of the Corporation PEM, INC.			
3. Principal Office Address 201 Smith Street					City Providence
					State RI
					Zip 02908
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island general convenience store and also to sell, service and repair automobile and automotive related items.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Periklis Koutsouris			Vice-President Name Periklis Koutsouris		
Street Address 201 Smith Street			Street Address 201 Smith Street		
City Providence		State RI	Zip 02908	City Providence	
				State RI	
				Zip 02908	
Secretary Name Periklis Koutsouris			Treasurer Name Periklis Koutsouris		
Street Address 201 Smith Street			Street Address 201 Smith Street		
City Providence		State RI	Zip 02908	City Providence	
				State RI	
				Zip 02908	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
9. Shares Authorized					
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		CLASS/SERIES		PAR VALUE	
100		Common		No Par	
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 Periklis Koutsouris, President				Date 01 / 17 / 17	
Signature of Authorized Representative 					

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FILED

JAN 23 2017

BY 8322 DS

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov