



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.

FILED

JAN 25 2017

BY

25838

1. Entity ID Number 83493		2. Exact name of the Corporation P.I.R. Corp.			
3. Principal Office Address 1 Freeway Dr.		City Cranston	State RI	Zip 02920	
4. Business Phone Number (401) 467-0200		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island buy, sell, manage, and invest in real estate					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Russell B. Robinson			Vice-President Name None		
Street Address 264 Irving Ave.			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Joyce Robinson			Treasurer Name Russell B. Robinson		
Street Address 264 Irving Ave.			Street Address 264 Irving Ave.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Russell B. Robinson			Director Name Joyce Robinson		
Street Address 264 Irving Ave.			Street Address 264 Irving Ave.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
		5		Class A	\$1 Par
		495		Class B	\$1 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 Russell B. Robinson			Date 1-16-17		
Signature of Authorized Representative 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