



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

## Annual Report for the year:

## Corporation

2017

→ 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 16244		2. Exact name of the Corporation PEARL DEVELOPMENT, INC.			
3. Principal Office Address 190 Lloyd Road		City Saunderstown		State RI	Zip 02874
4. NAICS Code 53		6. Brief description of the character of business conducted in Rhode Island Engaging in management, renting, leasing, owning and otherwise dealing and real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Diane Marciano			Vice-President Name Diane Marciano		
Street Address 190 Lloyd Road			Street Address 190 Lloyd Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Diane Marciano			Treasurer Name Diane Marciano		
Street Address 190 Lloyd Road			Street Address 190 Lloyd Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Diane Marciano			Director Name		
Street Address 190 Lloyd Road			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
600		Common stock		No Par	
Changes require an additional filing.					
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 Diane Marciano				Date 02/10/2017	
Signature of Authorized Representative <i>Diane Marciano</i>				SIGN DOCUMENT <b>FILED</b>	

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016