



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 512234		2. Exact name of the Corporation Peter Halmos & Sons, Inc.				
3. Principal Office Address 700 S Olive Avenue		City West Palm Beach		State FL	Zip 33401	
4. NAICS Code 52		6. Brief description of the character of business conducted in Rhode Island Residential Real Estate Rental				
5. State of Incorporation Florida						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Peter Halmos			Vice-President Name			
Street Address 700 S Olive Avenue			Street Address			
City West Palm Beach	State FL	Zip 33401	City	State	Zip	
Secretary Name Nicholas Halmos			Treasurer Name			
Street Address 700 S Olive Avenue			Street Address			
City West Palm Beach	State FL	Zip 33401	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	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued				
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		10,000		CWP		.01
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. <i>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.</i>						
Name of Authorized Representative					Date	
					2/8/17	
Signature of Authorized Representative						

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

FEB 15 2017

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