



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 109334	2. Exact name of the Corporation Property Management Group, Ltd.
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3. Principal Office Address 167 Main Street	City Westerly	State RI	Zip 02891
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4. NAICS Code 53 - Real Estate and Rental and	6. Brief description of the character of business conducted in Rhode Island Real Estate
5. State of Incorporation Delaware	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Olga Gassett		Vice-President Name Olga Gassett			
Street Address 22105 Olean Boulevard		Street Address 22105 Olean Boulevard			
City Port Charlotte	State FL	Zip 33952	City Port Charlotte	State FL	Zip 33952
Secretary Name Olga Gassett		Treasurer Name Olga Gassett			
Street Address 22105 Olean Boulevard		Street Address 22105 Olean Boulevard			
City Port Charlotte	State FL	Zip 33952	City Port Charlotte	State FL	Zip 33952

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Olga Gassett		Director Name			
Street Address 22105 Olean Boulevard		Street Address			
City Port Charlotte	State FL	Zip 33952	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 Value

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 Olga Gassett <i>Olga Gassett</i>	Date 3-21-17
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Signature of Authorized Representative

FILED *DZ*

MAR 23 2017

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

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