



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2016**

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 000095539		2. Exact name of the Corporation PICERNE-SIERRA BAYAMON, INC.			
3. Principal Office Address 75 LAMBERT LIND HIGHWAY			City WARICK	State RI	Zip 02866
4. NAICS Code 53 - Real Estate and Rental	6. Brief description of the character of business conducted in Rhode Island TO ACQUIRE BY PURCASH, EXCHANGE, LEASE, HIRE OR OTHERWISE, REAL PROPERTY OF EVERY KIND. TITLE: 7-1.1-51				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN PICERNE			Vice-President Name		
Street Address 75 LAMBERT LIND HIGHWAY			Street Address		
City WARICK	State RI	Zip 02866	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 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
			0		\$1.00
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 JOHN PICERNE					Date
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**APR 21 2017**BY **301616****A.A. 10:47 A.M.**

FORM 630 - Revised: 02/2017