



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
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 001675569		2. Exact name of the Corporation Pinck and Co., Inc.												
3. Principal Office Address 98 MAGAZINE STREET			City BOSTON	State MA	Zip 02119									
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island OWNER'S PROJECT MANAGEMENT AND DEVELOPMENT (REAL ESTATE), CONSULTING SERVICES FOR PUBLIC, NON PROFIT, AND INSTITUTIONAL OWNERS.												
5. State of Incorporation MA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name JENNIFER PINCK			Vice-President Name											
Street Address 98 MAGAZINE STREET			Street Address											
City BOSTON	State MA	Zip 02119	City	State	Zip									
Secretary Name JENNIFER B. PINCK			Treasurer Name JENNIFER B. PINCK											
Street Address 98 MAGAZINE STREET			Street Address 98 MAGAZINE STREET											
City BOSTON	State MA	Zip 02119	City BOSTON	State MA	Zip 02119									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name JENNIFER B. PINCK			Director Name											
Street Address 98 MAGAZINE STREET			Street Address											
City BOSTON	State MA	Zip 02119	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;">100</td> <td style="text-align:center;">CNP</td> <td style="text-align:center;">\$0.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	\$0.00			
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100	CNP	\$0.00												
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 JENNIFER B. PINCK			Date 2/27/18											
Signature of Authorized Representative <i>[Signature]</i>			SIGN DOCUMENT HERE FILED <i>[Signature]</i>											

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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FORM 630 - Revised: 10/2017