



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2018**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 001339548		2. Exact name of the Corporation AMPM PROPERTY MANAGEMENT INC.			
3. Principal office address 77 MAWNEY STREET		City EAST GREENWICH		State RI	
4. Business Phone No. 603-465-9570		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island PROPERTY MANAGEMENT 531110					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LISA MASTORS			Vice-President Name PETER MASTORS		
Street Address 67 MAWNEY ST #3			Street Address 61 VERNON AVE APT D		
City EAST GREENWICH	State RI	Zip 02818	City NEWPORT	State RI	Zip 02841
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name LISA MASTORS			Director Name PETER MASTORS		
Street Address 67 MAWNEY ST #3			Street Address 61 VERNON AVE APT D		
City EAST GREENWICH	State RI	Zip 02818	City NEWPORT	State RI	Zip 02841
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000.00		\$1.0000

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SECRETARY OF STATE
CORPORATIONS DIV
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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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 22 2018

BY 322089

A.A. 12:00 PM

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.

[Signature]
Signature of Authorized Representative
LISA MASTORS

03/16/2018

Date

Print or Type Name of Authorized Representative