



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

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- 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 153797		2. Exact name of the Corporation PML Realty, Inc.			
3. Principal Office Address 200 Hoffman Avenue Unit 401		City Cranston		State RI	Zip 02920
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island To facilitate the marketing and sales of real estate.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Richard Perelman		Vice-President Name Richard Perelman			
Street Address 200 Hoffman Avenue Unit 401		Street Address Same as above			
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Richard Perelman		Treasurer Name Richard Perelman			
Street Address Same as above		Street Address Same as above			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Richard Perelman		Director Name			
Street Address Same as above		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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SHARES	
		8000		STK	
				none	
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. <b>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.</b>					
Name of Authorized Representative Richard Perelman				Date 8/23/2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b>	

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

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BY 45VJ4K

FORM 630 - Revised: 10/2017