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 | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 83493 | P.I.R. Corp. | | | |
| 3. Principal Office Address: 1 Freeway Dr. | | City: Cranston | State: RI | Zip: 02920 |
| 4. NAICS Code: 531390 | 6. Brief description of the character of business conducted in Rhode Island: buy, sell, manage, and invest in real estate | | | |
| 5. State of Incorporation: RI | | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Russell B. Robinson | | | Vice-President Name: None | | |
| Street Address: One West Exchange St., Suite 2603 | | | Street Address: | | |
| City: Providence | State: RI | Zip: 02903-1709 | City: | State: | Zip: |
| Secretary Name: Joyce Robinson | | | Treasurer Name: Russell B. Robinson | | |
| Street Address: One West Exchange St., Suite 2603 | | | Street Address: One West Exchange St., Suite 2603 | | |
| City: Providence | State: RI | Zip: 02903-1709 | City: Providence | State: RI | Zip: 02903-1709 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: Russell B. Robinson | | | Director Name: Joyce Robinson | | |
| Street Address: One West Exchange St., Suite 2603 | | | Street Address: One West Exchange St., Suite 2603 | | |
| City: Providence | State: RI | Zip: 02903-1709 | City: Providence | State: RI | Zip: 02903-1709 |
| Director Name: None | | | Director Name: None | | |
| Street Address: | | | Street Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |

9. Shares Authorized — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 5 | Class A | $1 Par |
| 495 | Class B | $1 Par |

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: Russell B. Robinson

Date:

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
SEP 04 2018
BY 26630

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

FORM 630 - Revised: 10/2017