



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 83493		2. Exact name of the Corporation 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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					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.					NUMBER OF SHARES
					5
					Class A
					\$1 Par
					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. <i>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.</i>					
Name of Authorized Representative Russell B. Robinson					Date
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 SEP 04 2018
 BY 26030 FORM 630 - Revised: 10/2017