



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

Annual Report for the year: **2019**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

JAN 31 2019

BY

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1. Entity ID Number <b>52555</b>		2. Exact name of the Corporation <b>PERM, LTD</b>			
3. Principal Office Address <b>333 SCHOOL STREET</b>			City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>531110</b>		6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE DEVELOPMENT</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>PETER GILL, MD</b>			Vice-President Name <b>CHRISTINE EMMICK, MD</b>		
Street Address <b>333 SCHOOL STREET</b>			Street Address <b>333 SCHOOL STREET</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name <b>CHRISTINE EMMICK, MD</b>			Treasurer Name <b>MARTIN PHILLIPS, MD</b>		
Street Address <b>333 SCHOOL STREET</b>			Street Address <b>333 SCHOOL STREET</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			Common		
			0		
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 <b>MARTIN PHILLIPS, MD</b>				Date <b>1/28/19</b>	
Signature of Authorized Representative <i>Martin Phillips</i>					