



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

FILED

FEB 12 2019

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.

BY 61518

1. Entity ID Number 001669955		2. Exact name of the Corporation PJM Home Inspections, Inc.			
3. Principal Office Address 8 Heritage Road		City Bristol		State RI	Zip 02809
4. NAICS Code 541350		6. Brief description of the character of business conducted in Rhode Island Residential Home Inspections			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul J. Miranda			Vice-President Name Paul J. Miranda		
Street Address 8 Heritage Road			Street Address 8 Heritage Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Paul J. Miranda			Treasurer Name Paul J. Miranda		
Street Address 8 Heritage Road			Street Address 8 Heritage Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul J. Miranda			Director Name NONE		
Street Address 8 Heritage Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
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		
			CLASS/SERIES		
			PAR VALUE		
			1,000	Common	No 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 Paul J. Miranda					Date 1/11/19
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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