

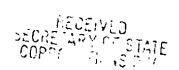
State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: 2019 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00



2019 AUG -2 AM 11: 22

→ Penalty: Additional \$25.00 fe	e if form is n	ot filed by April 1.			_		
1. Entity ID Number	2. Exact name of the Corporation						
153797	PML Realty, Inc.						
3. Principal Office Address	4 -		City		State	Zip	
200 Hoffman Avenue Unit 401			Cranston		RI	02920	
4. NAICS Code	6. Brief desc	ription of the charac	cter of business o	onducted in Rhode	Island		
531210	To facilitate the marketing and sales of real estate.						
5. State of Incorporation	ĺ						
Rhode Island							
7. List ALL officers (names and add	resses)				k the box to i	ndicate an attachment	
President Name Richard Perelman	Vice-President Name Richard Perelman						
Street Address 200 Hoffman Avenu	Street Address Same as above						
Cranston	State RI	<sup>Zip</sup> 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 ac	dresses)			Chec	k the box to i	ndicate an attachment	
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	
		10. Shares Iss	ssued Chec		k the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER O	F SHARES	CLASS/SERII	ES	PAR VALUE	
•		8000		STK		none	
Changes require an additional filing.							
11. This report must be executed or trustee, this report must be execute	n behalf of the	corporation by an	authorized repres	entative. If the corp	oration is in	the hands of a receiver or	
Under penalty of perjury, I declar	e and affirm (	that I have examin	ed this report, in	ncluding any acco	mpanying s	chedules and	
<u>statements, and that all statements contained herein are true and correct.</u> Name of Authorized Representative  Date							
Richard Perelman					8/2/2019		
Signature of Authorized Representa	ıtive	99GN 9G	FILE	0	<u></u>		
			Ab0)0 2 8	7019			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 374C