



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2020  
Corporation

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

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 JAN - 7 A 11:19

1. Entity ID Number 001683315		2. Exact name of the Corporation Pulsar, Inc			
3. Principal Office Address 133 GALEN ST		City WATERTOWN		State MA	Zip 02472
4. NAICS Code 531190		6. Brief description of the character of business conducted in Rhode Island Real Estate Lessor			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JEANINE MENDEZ			Vice-President Name Sergio M Mendez		
Street Address 828 ST JOHNS PLACE			Street Address 133 Galen St		
City BROOKLYN		State NY	Zip 11216	City WATERTOWN	
				State MA	
				Zip 02472	
Secretary Name N/A			Treasurer Name N/A		
Street Address N/A			Street Address N/A		
City N/A		State	Zip	City N/A	
				State	
				Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name N/A			Director Name N/A		
Street Address N/A			Street Address N/A		
City N/A		State	Zip	City N/A	
				State	
				Zip	
Director Name N/A			Director Name N/A		
Street Address N/A			Street Address N/A		
City		State	Zip	City	
				State	
				Zip	
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600.00	CNP	0.00
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 JEANINE MENDEZ				Date 12/30/2020	
Signature of Authorized Representative 				<b>FILED</b>	
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov					

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FORM 500 Revised 06/2020  
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