



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

Corporation _____

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

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 BY 20749 DS FOR SECRETARY OF STATE USE ONLY

| | | | | | |
|---|----------|---|---|-------------------|--------------|
| 1. Entity ID Number 001669955 | | 2. Exact name of the Corporation PJM Home Inspectioins, Inc. | | | |
| 3. Principal Office Address 8 Heritage Road | | | City Bristol | State RI | Zip 02809 |
| 4. NAICS Code 541350 - Building Inspectio | | 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 Lisa A. 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 Lisa A. 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 Lisa A. Miranda | | |
| Street Address 8 Heritage Road | | | Street Address 8 Heritage Road | | |
| City Bristol | State RI | Zip 02809 | City Bristol | State RI | Zip 02809 |
| 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 2/21/2021 | |
| Signature of Authorized Representative | | | | | |