

**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021**1. Corporate ID No.** 000099421**2. Name of Corporation** PROPERTY OWNERS AND MANAGERS ENTERPRISE, INC.**3. State of Incorporation**State: RI**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813910**4. Principal Office Address**No. and Street: 200 CROSSINGS BOULEVARDSUITE 110City or Town: WARWICKState: RI Zip: 02886 Country: USA**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO INSTITUTE RISK MANAGEMENT AND LOSS PREVENTION PROGRAMS AND TO ENJOY ALL RIGHTS AND PRIVILEGES GRANTED TO PURCHASING GROUPS UNDER THE FEDERAL RISK RETENTION ACT OF 1986.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TREASURER    | TOM TRAN                                              | 1065 AVE OF AMERICAS<br>NEW YORK , NY 10018 USA                   |
| SECRETARY    | FREDERICA OCONNOR                                     | 100 SUNNYSIDE<br>WOODBURY, NY 11797 USA                           |
| PRESIDENT    | MARC I COHEN                                          | 1065 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10018- USA            |
| DIRECTOR     | JANE A. WILLIAMS                                      | 225 METRO CENTER BLVD.<br>WARWICK, RI 02886                       |
| DIRECTOR     | FREDERICA OCONNOR                                     | 100 SUNNYSIDE BLVD.<br>WOODBURY , NY 11797 USA                    |
| DIRECTOR     | MARC COHEN                                            | 1065 AVE OF AMERICAS<br>NEW YORK , NY 10018 USA                   |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

FREDERICA O'CONNOR 200 CROSSINGS BOULEVARD, SUITE 110 WARWICK , RI 02886

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 22 Day of June, 2021 at 10:24:23 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By LISA GEORGE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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