



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2022

Corporation

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

FEB 25 2022
 BY *[Signature]*

1. Entity ID Number 249103		2. Exact name of the Corporation PMC Lighting, Inc.									
3. Principal Office Address 100 Gilbane Street			City Warwick	State RI	Zip 02886						
4. NAICS Code 923610		6. Brief description of the character of business conducted in Rhode Island Manufacture lighting fixtures									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Lawrence Crystal			Vice-President Name Lawrence Crystal								
Street Address 100 Gilbane Street			Street Address 100 Gilbane Street								
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886						
Secretary Name Judith M. Crystal			Treasurer Name								
Street Address 100 Gilbane Street			Street Address								
City Warwick	State RI	Zip 02886	City	State	Zip						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Lawrence Crystal			Director Name								
Street Address 100 Gilbane Street			Street Address								
City Warwick	State RI	Zip 02886	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>666</td> <td>common</td> <td>\$0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	666	common	\$0.01
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
666	common	\$0.01									
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 <i>Lawrence Crystal</i>				Date 1/26/22							
Signature of Authorized Representative <i>[Signature]</i>											

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov