



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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 666	CLASS/SERIES common	PAR VALUE \$.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. <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 <i>Lawrence Crystal</i>				Date 1/26/22	
Signature of Authorized Representative <i>[Signature]</i>					

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020