



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
STAMP
 FEB 13 2023
 BY *2747*

1. Entity ID Number 000085702		2. Exact name of the Corporation Prime Property Management Co.			
3. Principal Office Address 1580 Wampanoag Trail, #200E			City Barrington	State RI	Zip 02806
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island Property Management			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John F. Cuzzone, III			Vice-President Name Christopher E. Cuzzone		
Street Address 12 Pine Cone Dr.			Street Address 25 Knapton St.		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Leisa M. Morin			Treasurer Name Leisa M. Morin		
Street Address 351 New London Ave., #403			Street Address Same as above		
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 John F. Cuzzone, III			Director Name Christopher E. Cuzzone		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
			1000	Common	No par value
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 John F. Cuzzone, III				Date 2/10/2023	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov