



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2024**  
**Corporation**

FEB 14 2024  
 3003 *RL*

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

|   |                      |   |  |                           |   |
|---|----------------------|---|--|---------------------------|---|
| 1. Entity ID Number<br><b>511394</b>  |                      | 2. Exact name of the Corporation<br><b>PMC, Inc.</b>  |  |                           |   |
| 3. Principal Office Address<br><b>51 FAIRLAWN AVENUE</b>  |                      |   | City<br><b>PAWTUCKET</b>   | State<br><b>R.I.</b>      | Zip<br><b>02860</b>   |
| 4. NAICS Code<br><b>531110</b>  |                      | 6. Brief description of the character of business conducted in Rhode Island<br>Lessors of residential buildings and dwellings |  |                           |   |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>  |                      |   |  |                           |   |
| 7. List ALL officers (names and addresses)  |                      |   |  |                           | Check the box to indicate an attachment <input checked="" type="checkbox"/> |
| President Name<br><b>RICHARD A. SUGERMAN</b>  |                      |   | Vice-President Name  |                           |   |
| Street Address<br><b>51 FAIRLAWN AVENUE</b>   |                      |   | Street Address   |                           |   |
| City<br><b>PAWTUCKET</b>  | State<br><b>R.I.</b> | Zip<br><b>02860</b>   | City   | State                     | Zip   |
| Secretary Name<br><b>RICHARD A. SUGERMAN</b>  |                      |   | Treasurer Name<br><b>RICHARD A. SUGERMAN</b>                     |                           |   |
| Street Address<br><b>51 FAIRLAWN AVENUE</b>   |                      |   | Street Address<br><b>51 FAIRLAWN AVENUE</b>                      |                           |   |
| City<br><b>PAWTUCKET</b>  | State<br><b>R.I.</b> | Zip<br><b>02860</b>   | City<br><b>PAWTUCKET</b>   | State<br><b>R.I.</b>      | Zip<br><b>02860</b>   |
| 8. List ALL directors (names and addresses)   |                      |   |  |                           | Check the box to indicate an attachment <input type="checkbox"/>            |
| Director Name   |                      |   | Director Name  |                           |   |
| Street Address  |                      |   | Street Address   |                           |   |
| 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  |                           |   |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                      |   | Check the box to indicate an attachment <input type="checkbox"/> |                           |   |
|   |                      |   | NUMBER OF SHARES   | CLASS/SERIES              | PAR VALUE   |
|   |                      |   | CLASS A  | VOTING COMMON             | \$0.01  |
|   |                      |   | CLASS B NON-   | VOTING 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. |                      |   |  |                           |   |
| <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<br><b>RICHARD A. SUGERMAN</b>   |                      |   |  | Date<br><b>02/12/2024</b> |   |
| Signature of Authorized Representative  |                      |   |  | SIGN DOCUMENT HERE        |   |

MAIL TO:  
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