



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2024**
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 14 2024

3003

1. Entity ID Number 511394		2. Exact name of the Corporation PMC, Inc.			
3. Principal Office Address 51 FAIRLAWN AVENUE		City PAWTUCKET		State R.I.	Zip 02860
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Lessors of residential buildings and dwellings			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name RICHARD A. SUGERMAN		Vice-President Name			
Street Address 51 FAIRLAWN AVENUE		Street Address			
City PAWTUCKET	State R.I.	Zip 02860	City	State	Zip
Secretary Name RICHARD A. SUGERMAN		Treasurer Name RICHARD A. SUGERMAN			
Street Address 51 FAIRLAWN AVENUE		Street Address 51 FAIRLAWN AVENUE			
City PAWTUCKET	State R.I.	Zip 02860	City PAWTUCKET	State R.I.	Zip 02860
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 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
		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. 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 RICHARD A. SUGERMAN				Date 02/12/2024	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017