



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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

MAR 18 2024

BY 22316

1. Entity ID Number 001669955		2. Exact name of the Corporation PJM Home Inspections, Inc.			
3. Principal Office Address 8 Heritage Road			City Bristol	State RI	Zip 02809
4. NAICS Code 541350 - Building Inspection		6. Brief description of the character of business conducted in Rhode Island Residential home inspections			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Paul J. Miranda			Vice-President Name Lisa A. Miranda		
Street Address 8 Heritage Road			Street Address 8 Heritage Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Lisa A. Miranda			Treasurer Name Paul J. Miranda		
Street Address 8 Heritage Road			Street Address 8 Heritage Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Paul J. Miranda			Director Name Lisa A. Miranda		
Street Address 8 Heritage Road			Street Address 8 Heritage Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES 1,000	CLASS/SERIES Common	PAR VALUE No par
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 Paul J. Miranda				Date 3/15/24	
Signature of Authorized Representative 					

MAIL TO:  
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