



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

MAY 08 2024

BY

105
[Signature]

1 Entity ID Number 001766702		2 Exact name of the Corporation Product Management Team Corp			
3 Principal Office Address 223 Wapping Rd			City Portsmouth	State RI	Zip 02871
4 NAICS Code 541618		6 Brief description of the character of business conducted in Rhode Island Provide consulting services to business customers			
5 State of Incorporation DE					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vladimir Zachary			Vice-President Name		
Street Address 223 Wapping Rd			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Vladimir Zachary			Treasurer Name		
Street Address 223 Wapping Rd			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
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
		20,000	A	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 Vladimir Zachary				Date 04/30/2024	
Signature of Authorized Representative [Signature]					

MAIL TO:

Division of Business Services

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