State of Rhode Island
Department of State - Business Services Division

FILED
MAY 0 8 2024
BY

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.

1 Entity ID Number	2 Exact name of the Corporation
001766702	Product Management Team Corp

3. Principal Office Address	City	State	Zip
223 Wapping Rd	Portsmouth	RI	02871

4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island
541618	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 ☐

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 ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	20,000	A	no par value
Changes require an additional filing.			

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	Date
Vladimir Zachary	04/30/2024

Signature of Authorized Representative: Vlad Zachary

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. 12/2023