



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIELD

FEB 11 2025 STAMP
BY 3119
TOP SECRETARY OF STATE
OFFICE

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 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		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 02/10/2025	
Signature of Authorized Representative						

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov