

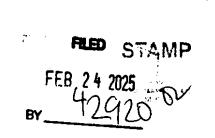
State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of the Limited Liability Company			
000707565	PM LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
531390	Real Estate			
5. State of Formation				
RI				
6. Principal Office Address	•	City	State	Zip
122 Touro Street		Newport	RI	02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Michael W. Miller		Contact Title Registered Agent		
Street Address 122 Touro Street		City Newport	State RI	^{Zip} 02840
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Person			Date 2 - 5 - 25	
PETER MOISIAGES			2-5	- 25
Signature of Authorized Person				
Pefer Money				

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov