



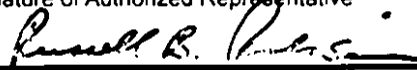
State of Rhode Island
Department of State - Business Services Division

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.

FILED
AMP
MAR 04 2025
BY ROY

1. Entity ID Number 83493		2. Exact name of the Corporation P.I.R. Corp.												
3. Principal Office Address 1 Freeway Dr.			City Cranston	State RI	Zip 02920									
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island buy, sell, manage, and invest in real estate												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Russell B. Robinson			Vice-President Name None											
Street Address 1100 So. Flagler Dr., Unit 902			Street Address											
City West Palm Beach	State FL	Zip 33401	City	State	Zip									
Secretary Name Joyce Robinson			Treasurer Name Russell B. Robinson											
Street Address 1100 So. Flagler Dr., Unit 902			Street Address 1100 So. Flagler Dr., Unit 902											
City West Palm Beach	State FL	Zip 33401	City West Palm Beach	State FL	Zip 33401									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Russell B. Robinson			Director Name Joyce Robinson											
Street Address 1100 So. Flagler Dr., Unit 902			Street Address 1100 So. Flagler Dr., Unit 902											
City West Palm Beach	State FL	Zip 33401	City West Palm Beach	State FL	Zip 33401									
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>5</td> <td>Class A</td> <td>\$1 Par</td> </tr> <tr> <td>495</td> <td>Class B</td> <td>\$1 Par</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	5	Class A	\$1 Par	495	Class B	\$1 Par
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
5	Class A	\$1 Par												
495	Class B	\$1 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 Russell B. Robinson					Date 02/27/2025									
Signature of Authorized Representative 														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov