

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90036 028 \*\*\*150.00

**DOCUMENT # F94000004682**

1. Entity Name  
**PROPERTY ADVISORY GROUP, INC.**



Principal Place of Business  
**4 CATHEDRAL SQUARE  
SUITE 1G  
PROVIDENCE, RI 02903 US**

Mailing Address  
**4 CATHEDRAL SQUARE  
SUITE 1G  
PROVIDENCE, RI 02903 US**



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0375781**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**COLE, JONATHAN  
250 ROYAL PALM WAY  
SUITE 300  
PALM BEACH, FL 33480**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gretchen E. Maurer Gretchen E. Maurer Treasurer 1/4/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BENTZ, JOHN B
STREET ADDRESS	1 FAIROAKS CT S.
CITY-ST-ZIP	GREENVILLE, RI 02828
TITLE	V
NAME	GAUDREAU, ROBERT R
STREET ADDRESS	22 BRIARBROOKE LN.
CITY-ST-ZIP	CRANSTON, RI 02921
TITLE	S
NAME	GAUDREAU, WILLIAM L
STREET ADDRESS	4 CHASE LANE
CITY-ST-ZIP	LINCOLN, RI 02865
TITLE	T
NAME	MAURER, GRETCHEN E.
STREET ADDRESS	PO BOX 5882
CITY-ST-ZIP	PROVIDENCE, RI 02903

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gretchen E. Maurer Gretchen E. Maurer Treasurer 1/4/05 4014534455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #