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Secretary of State
04-02-1999 90070 014 ***150.00

Professional Facilities Management
Loew's Theatre Building
220 Weybosset Street
Providence, RI 02903-3783
Telephone: 401-421-2997 • Facsimile: 401-421-5767

Doc-P35215
286970-90070-14

Director (D)
Richard L. Bready
50 Kennedy Plaza
Providence, RI 02903

Director (D)
Lee R. Corso
195 International Parkway
Heathrow, FL 32746

Director (D)
Sheldon S. Sollosy
263 Weybosset Street
Providence, RI 02903

Director (D)
Bruce Sundlun
15 Lippitt Road
Kingston, RI 02881

Director (D)
Howard G. Sutton
75 Fountain Street
Providence, RI 02903

Chairman (C)
J. Joseph Kruse
494 Woonasquatucket Avenue
No. Providence, RI 02911

Vice President/Treasurer (VP/T)
Norbert Mongeon, Jr.
Pole 98, Stillwater Road
Smithfield, RI 02917

Secretary (S)
Elizabeth Murdock Myers
1500 Fleet Center
Providence, RI 02903

President (P)
James L. Singleton
68 Tarklin Road
Chepachet, RI 02814

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0001149

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT - 1

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286970 - 90070 - 14

DOCUMENT # P35215

1. Corporation Name
PROFESSIONAL FACILITIES MANAGEMENT, INC.

Principal Place of Business	Mailing Address
220 WEYBOSSET STREET PROVIDENCE RI 02903	220 WEYBOSSET STREET PROVIDENCE RI 02903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
08/23/1991

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number
05-0443372
☐ Applied For
☐ Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREADY, RICHARD L. 50 KENNEDY PLAZA PROVIDENCE RI	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition PLEASE SEE ATTACHED SHEET
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUSHKIN, ROBERT L. 1 HOSPITAL TRUST PLAZA SUITE 2540 PROVIDENCE RI	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition PLEASE SEE ATTACHED SHEET
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSSI, THOMAS 2000 SMITH STREET N. PROVIDENCE RI	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition PLEASE SEE ATTACHED SHEET
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRACE, EDWARD P. III 1275 WAMPANOAG TRAIL PROVIDENCE RI	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition PLEASE SEE ATTACHED SHEET
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSH, JOSEPH W. ONE OLD STONE SQUARE PROVIDENCE RI	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition PLEASE SEE ATTACHED SHEET
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TANURY, THOMAS A. 6 NEW ENGLAND WAY LINCOLN RI	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition PLEASE SEE ATTACHED SHEET

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/1/99 401 421 2997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1/98)