



FILED
Apr 02, 1999 8:00 am
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
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

SETTING THE STAGE FOR SUCCESS.

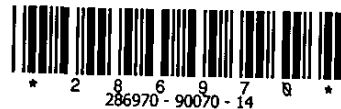
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT - 1



DOCUMENT # **P35215**

1. Corporation Name
PROFESSIONAL FACILITIES MANAGEMENT, INC.

Principal Place of Business
**220 WEYBOSSET STREET
PROVIDENCE RI 02903**

Mailing Address
**220 WEYBOSSET STREET
PROVIDENCE RI 02903**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1991

4. FEI Number

05-0443372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **BREADY, RICHARD L.**
STREET ADDRESS **50 KENNEDY PLAZA**
CITY-ST-ZIP **PROVIDENCE RI**

TITLE **D** ☐ DELETE

NAME **MUSHKIN, ROBERT L.**
STREET ADDRESS **1 HOSPITAL TRUST PLAZA SUITE 2540**
CITY-ST-ZIP **PROVIDENCE RI**

TITLE **D** ☐ DELETE

NAME **ROSSI, THOMAS**
STREET ADDRESS **2000 SMITH STREET**
CITY-ST-ZIP **N. PROVIDENCE RI**

TITLE **D** ☐ DELETE

NAME **GRACE, EDWARD P. III**
STREET ADDRESS **1275 WAMPANOAG TRAIL**
CITY-ST-ZIP **PROVIDENCE RI**

TITLE **D** ☐ DELETE

NAME **WALSH, JOSEPH W.**
STREET ADDRESS **ONE OLD STONE SQUARE**
CITY-ST-ZIP **PROVIDENCE RI**

TITLE **D** ☐ DELETE

NAME **TANURY, THOMAS A.**
STREET ADDRESS **6 NEW ENGLAND WAY**
CITY-ST-ZIP **LINCOLN RI**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PLEASE SEE ATTACHED SHEET

PLEASE SEE ATTACHED SHEET

PLEASE SEE ATTACHED SHEET

PLEASE SEE ATTACHED SHEET

PLEASE SEE ATTACHED SHEET

PLEASE SEE ATTACHED SHEET

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001149

CR2E034-(11/98)