

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35215

FILED
Feb 11, 2005
Secretary of State

Entity Name: PROFESSIONAL FACILITIES MANAGEMENT, INC.

Current Principal Place of Business:

220 WEYBOSSET STREET
PROVIDENCE, RI 02903

New Principal Place of Business:

Current Mailing Address:

220 WEYBOSSET STREET
PROVIDENCE, RI 02903

New Mailing Address:

FEI Number: 05-0443372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BREADY, RICHARD L.
Address: 50 KENNEDY PLAZA
City-St-Zip: PROVIDENCE, RI

Title: D () Delete
Name: MUSHKIN, ROBERT L.
Address: 1 HOSPITAL TRUST PLAZA SUITE 2540
City-St-Zip: PROVIDENCE, RI

Title: D () Delete
Name: ROSSI, THOMAS
Address: 40 PETER STREET
City-St-Zip: PROVIDENCE, RI 02904

Title: D () Delete
Name: GRACE, EDWARD P. III
Address: 1275 WAMPANOAG TRAIL
City-St-Zip: PROVIDENCE, RI

Title: VPT () Delete
Name: MONGEON, NORBERT JR.
Address: POLE 98, STILLWATER ROAD
City-St-Zip: SMITHFIELD, RI 02917

Title: D () Delete
Name: TANURY, THOMAS A.,
Address: 6 NEW ENGLAND WAY
City-St-Zip: LINCOLN, RI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORBERT MONGEON

TREA

02/11/2005

Electronic Signature of Signing Officer or Director

_____ Date