


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P35215</b> 1. Entity Name PROFESSIONAL FACILITIES MANAGEMENT, INC.		
Principal Place of Business 220 WEYBOSSET STREET PROVIDENCE, RI 02903	Mailing Address 220 WEYBOSSET STREET PROVIDENCE, RI 02903	



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0443372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

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

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

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 \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

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

U000000611206  
02/02/07-80052-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SINGLETON, JAMES L
STREET ADDRESS	68 TARKLIN ROAD
CITY-ST-ZIP	CHEPACHET, RI 02814
TITLE	D
NAME	MUSHKIN, ROBERT L.
STREET ADDRESS	8171 BAY COLONY DRIVE
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D
NAME	ROSSI, THOMAS
STREET ADDRESS	40 PETER STREET
CITY-ST-ZIP	PROVIDENCE, RI 02904
TITLE	D
NAME	GRACE, EDWARD P. III
STREET ADDRESS	5091 ISLEWORTH COUNTRY CLUB DR
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	VPT
NAME	MONGEON, NORBERT JR.
STREET ADDRESS	POLE 98, STILLWATER ROAD
CITY-ST-ZIP	SMITHFIELD, RI 02917
TITLE	D
NAME	TANURY, THOMAS A.
STREET ADDRESS	6 NEW ENGLAND WAY
CITY-ST-ZIP	LINCOLN, RI

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #