2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35215

FILED Feb 23, 2010 Secretary of State

Entity Name: PROFESSIONAL FACILITIES MANAGEMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

220 WEYBOSSET STREET PROVIDENCE, RI 02903

Current Mailing Address: New Mailing Address:

220 WEYBOSSET STREET PROVIDENCE, RI 02903

FEI Number: 05-0443372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Name: SINGLETON, JAMES L Address: 68 TARKLIN ROAD City-St-Zip: CHEPACHET, RI 02814

Title: D

Name: BREADY, RICHARD L Address: 50 KENNEDY PLAZA City-St-Zip: PROVIDENCE, RI 02903

Title: D

 Name:
 ROSSI, THOMAS

 Address:
 40 PETER STREET

 City-St-Zip:
 PROVIDENCE, RI 02904

Title: [

Name: MYERS, ELIZABETH
Address: 1500 FLEET CENTER
City-St-Zip: PROVIDENCE, RI 02903

Title: VPT

Name: MONGEON, NORBERT JR.
Address: POLE 98, STILLWATER ROAD
City-St-Zip: SMITHFIELD, RI 02917

Title:

Name: TANURY, THOMAS
Address: 6 NEW ENGLAND WAY
City-St-Zip: LINCOLN, RI 02865

I hereby 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 all other like empowered.

SIGNATURE: NORBERT MONGEON VP 02/23/2010