

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35215

FILED
Jan 20, 2012
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

OFFICERS AND DIRECTORS:

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

Title: CHAI
Name: KRUSE, J. JOSEPH
Address: 147 BLADE STREET
City-St-Zip: WARWICK, RI 02886

Title: S
Name: CUSHING, KATHARINE
Address: 733 THIRD AVE 11TH FLOOR
City-St-Zip: NEW YOUR, NY 10017

Title: D
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: D
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

01/20/2012

Electronic Signature of Signing Officer or Director

Date