

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35215

Entity Name: PROFESSIONAL FACILITIES MANAGEMENT, INC.**Current Principal Place of Business:**220 WEYBOSSET STREET
PROVIDENCE, RI 02903**Current Mailing Address:**220 WEYBOSSET STREET
PROVIDENCE, RI 02903**FEI Number:** 05-0443372**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

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

Title DS
Name CUSHING, KATHARINE
Address C/O 7SISTERS LLC
420 EAST 61ST STREET APT 40A
City-State-Zip: NEW YORK NY 10065

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

Title DIRECTOR
Name ADAMS, KAREN
Address 67 EAGLES COURT
City-State-Zip: NARRAGANSETT RI 02882

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

Title D
Name MYERS, ELIZABETH M. ESQ.
Address C/O VERRILL DANA LLP
ONE BOSTON PLACE SUITE 1600
City-State-Zip: BOSTON MA 02108

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

Title VC
Name BREADY, RICHARD
Address 280 IRVING AVE
City-State-Zip: PROVIDENCE RI 02906

Continues on page 2

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, JR.**DVPT****04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CORSO, LEE R
Address 1469 SHADWELL CIRCLE
City-State-Zip: LAKE MARY FL 32747

Title DIRECTOR
Name SHECHTMAN, STEPHEN ESQ.
Address 1080 MAIN STREET
City-State-Zip: PAWTUCKET RI 02860

Title DIRECTOR
Name SKEFFINGTON, JAMES ESQ.
Address C/O EDWARDS WILDMAN PALMER LLP
2800 FINANCIAL PLAZA
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name ROSSI, THOMAS J.
Address 1850 OLD LOUISQUISSET PIKE
City-State-Zip: LINCOLN RI 02865

Title DIRECTOR
Name WALSH, JOSEPH ESQ.
Address 26 CRAWFORD AVE
City-State-Zip: WARWICK RI 02889