

**2013 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 P  
Name SINGLETON, JAMES L  
Address 68 TARKLIN ROAD  
City-State-Zip: CHEPACHET RI 02814

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

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

Title D  
Name MYERS, ELIZABETH  
Address 1500 FLEET CENTER  
City-State-Zip: PROVIDENCE RI 02903

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

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

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

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****TREASURER****02/26/2013**\_\_\_\_\_  
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 ROSSI, THOMAS  
Address 8 ABBOTT PARK PLACE  
City-State-Zip: PROVIDENCE RI 02904

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

Title DIRECTOR  
Name MYERS, ELIZABETH M ESQ.  
Address 1500 FLEET CENTER  
City-State-Zip: PROVIDENCE RI 02903

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