



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**

**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

<b>1. Entity ID Number</b> 11411		<b>2. Exact name of the Corporation</b> PARE'S SERVICE CENTER INC		
<b>3. Principal Office Address</b> 2 ANDREWS AVENUE		<b>City</b> WEST WARWICK	<b>State</b> RI	<b>Zip</b> 02893
<b>4. NAICS Code</b> 44-45 - Retail Trade	<b>6. Brief description of the character of business conducted in Rhode Island</b> SERVICE STATION			
<b>5. State of Incorporation</b> RI				
<b>7. List ALL officers (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
<b>President Name</b> DOUGLAS PARE		<b>Vice-President Name</b> ALFRED PARE		
<b>Street Address</b> 2 ANDREWS AVE		<b>Street Address</b> 2 ANDREWS AVE		
<b>City</b> WEST WARWICK	<b>State</b> RI	<b>Zip</b> 02893	<b>City</b> WEST WARWICK	<b>State</b> RI
<b>Secretary Name</b> DOUGLAS PARE		<b>Treasurer Name</b> DOUGLAS PARE		
<b>Street Address</b> SAME		<b>Street Address</b> SAME		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>
<b>8. List ALL directors (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
<b>Director Name</b> DOUGLAS PARE		<b>Director Name</b>		
<b>Street Address</b> SAME		<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>
<b>Director Name</b>		<b>Director Name</b>		
<b>Street Address</b>		<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>
<b>9. Shares Authorized</b> This information is currently of record in the Department of State.  Changes require an additional filing.		<b>10. Shares Issued</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		600	COMMON	NO PARE
<b>11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.</b> <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>				
<b>Name of Authorized Representative</b> DOUGLAS PARE			<b>Date</b> 01/17/17	
<b>Signature of Authorized Representative</b> 				

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
JAN 23 2017  
BY 17434 DS