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.

1. Entity ID Number	2. Exact name of the Corporation
7543	MARKARIAN & MEEHAN, LTD.

3. Principal Office Address	City	State	Zip
336 MAIN STREET	WAKEFIELD	RI	02879

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
54 - Professional, Scientific, an	ACCOUNTING FIRM
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name	Street Address	City	State	Zip
STEVEN J. ZAROOGIAN	211 SAUGA AVENUE	NORTH KINGSTOWN	RI	02852

Vice-President Name	Street Address	City	State	Zip
ROBERT L. PASQUAZZI	93 SOUTH BAY DRIVE	NARRAGANSETT	RI	02882

Secretary Name	Street Address	City	State	Zip
STEVEN J. ZAROOGIAN	211 SAUGA AVENUE	NORTH KINGSTOWN	RI	02852

Treasurer Name	Street Address	City	State	Zip
STEVEN J. ZAROOGIAN	211 SAUGA AVENUE	NORTH KINGSTOWN	RI	02852

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
STEVEN J. ZAROOGIAN	211 SAUGA AVENUE	NORTH KINGSTOWN	RI	02852

Director Name	Street Address	City	State	Zip
ROBERT L. PASQUAZZI	93 SOUTH BAY DRIVE	NARRAGANSETT	RI	02882

Director Name	Street Address	City	State	Zip
STUART E. WOODARD	12 OAKWIND TERRACE	CRANSTON	RI	02920

Director Name	Street Address	City	State	Zip
NONE				

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
240	COMMON	NO PAR VALUE

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.

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.

Name of Authorized Representative: **STEVEN J. ZAROOGIAN, PRESIDENT**

Date: 2/2/17

Signature of Authorized Representative

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
FEB 06 2017
7987 DS

FORM 630 - Revised: 10/2016

ATTACHMENT

2017 RHODE ISLAND PROFIT CORPORATION ANNUAL REPORT

Corporate ID: 7543
Name of Corporation: MARKARIAN & MEEHAN, LTD.

NAMES AND ADDRESSES OF THE OFFICERS

Additional Names of Vice Presidents:

STUART E. WOODARD
12 OAKWIND TERRACE
CRANSTON, RI 02920

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