(W)	

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2017

Δ	nnual	Report	for	the	vear:
м	Hilluai	Vehoir	101	4110	you.

Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

•	1 1131 154 1	JO. -	-					
	Danaltur	Additional	925 00	fee if	form is	not filed b	ov April 1	١.

→ Penalty: Additional \$25.00 fe	e ir iorm is not i	iled by April 1.				
1. Entity ID Number	2. Exact name of the Corporation					
46978	PARCEL (CENTER, IN	ic.			
3. Principal Office Address			City		State	Zip
62 Franklin Street	_		West	erlv	RI	02891
4. NAICS Code	6. Brief descript	on of the characte	r of busines:	s conducted in Rhod	e Island	
44 – 45	or miles assemble					:
5. State of Incorporation Rhode Island	Shippi	ng, Print	ing & 1	Business Se		
7. List ALL officers (names and add	resses)				ck the box to in	dicate an attachment 🔲
President Name			Vice-Presid			
Arthur Kachadour	ian		Street Addr	ary Kachado	ourian _	
Street Address				6 Appletowi	n Road	<u> </u>
26 Poppy Lane	State	Zip	City	<u> </u>	State	Zip
•	CT	06333		reenville	RI .	02828
East Lyme Secretary Name	1.54	<u> </u>	Treasurer N	lame		•
Zita Kachadouria	an			rthur Kacha	adourian.	
Street Address		Street Address				
26 Poppy Lane				6 Poppy Lai	ne State	Zip
City	State	Zip	City F	ast Lyme	CT	06333
East Lyme	CT	06333	 	Che	eck the box to in	dicate an attachment 🔲
List ALL directors (names and ac Director Name	inicoses)	<u> </u>	Director Na	me		
Arthur Kachadou	rian		G	ary Kachad	<u>ourian</u>	
Street Address	<u> </u>		Street Addr		n Dona	•
26 Poppy Lane				6 Appletow		Zip
City	State	Zip	City	reenille	State R I	02828
East Lyme	CT	06333	Director Na		1 1/1	
Director Name			Dilector Ma	IIIIO		
Zita Kachadouria Street Address	an		Street Addr	ress		
•						
<u>26 Poppy Lane</u> City	State	Zip	City		State	Zip
East Lyme	CT	06333				
9. Shares Authorized		10. Shares Issu		Che class/si	eck the box to in	dicate an attachment PAR VALUE
This information is currently of recor	rd in the	NUMBER OF	SHARES	CLASS/SI	-NEO	* * * * * * * * * * * * * * * * * * *
Department of State.	•	1000		Commo	n	No Par
Changes require an additional filing.						
				The least of the second	rnoration is in *	ne hands of a receiver or
11. This report must be executed o	n behalf of the co	rporation by an au	ithorized rep	resentative. If the co	orporation is in t	ie nanos or a receivor 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						
2/7/2017				/2017		
Arthur Kachadourlan						
Signature of Authorized Representative SIGN DOCUMENT HERE That Kachdom						
		OIGIN DOO	U (VILLIA I I	Cho.	/	

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

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FORM 630 - Revised: 10/2016

