



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 46978		2. Exact name of the Corporation PARCEL CENTER, INC.			
3. Principal Office Address 62 Franklin Street		City Westerly		State RI	Zip 02891
4. NAICS Code 44 - 45		6. Brief description of the character of business conducted in Rhode Island Shipping, Printing & Business Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Arthur Kachadourian			Vice-President Name Gary Kachadourian		
Street Address 26 Poppy Lane			Street Address 26 Appletown Road		
City East Lyme	State CT	Zip 06333	City Greenville	State RI	Zip 02828
Secretary Name Zita Kachadourian			Treasurer Name Arthur Kachadourian		
Street Address 26 Poppy Lane			Street Address 26 Poppy Lane		
City East Lyme	State CT	Zip 06333	City East Lyme	State CT	Zip 06333
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Arthur Kachadourian			Director Name Gary Kachadourian		
Street Address 26 Poppy Lane			Street Address 26 Appletown Road		
City East Lyme	State CT	Zip 06333	City Greenville	State RI	Zip 02828
Director Name Zita Kachadourian			Director Name		
Street Address 26 Poppy Lane			Street Address		
City East Lyme	State CT	Zip 06333	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		PAR VALUE
			NUMBER OF SHARES	CLASS/SERIES	
			1000	Common	No Par
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 Arthur Kachadourian					Date 2/7/2017
Signature of Authorized Representative SIGN DOCUMENT HERE <i>Arthur Kachadourian</i>					

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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BY

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FORM 630 - Revised: 10/2016