



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>9584</b>		2. Exact name of the Corporation <b>HUDSON SERVICES, INC.</b>							
3. Principal office address <b>101 CRANSTON STREET</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02907</b>				
4. Business Phone No. <b>(401) 521-6767</b>		5. State of Incorporation <b>RHODE ISLAND</b>							
6. Brief description of the character of business conducted in Rhode Island <b>THE CLEANSING AND RENOVATION OF CLOTHING, CLOTHS, FABRICS, MORE ESPECIALLY SUEDE AND LEATHER.</b>									
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>									
President Name <b>GERALD D. PALMER</b>			Vice-President Name <b>JEAN B. PALMER</b>						
Street Address <b>P.O. BOX 218, 247 TOWER ROAD</b>			Street Address <b>P.O. BOX 218, 247 TOWER ROAD</b>						
City <b>LINCOLN</b>	State <b>MA</b>	Zip <b>01773</b>	City <b>LINCOLN</b>	State <b>MA</b>	Zip <b>01773</b>				
Secretary Name <b>JEAN B. PALMER</b>			Treasurer Name <b>GERALD D. PALMER</b>						
Street Address <b>P.O. BOX 218, 247 TOWER ROAD</b>			Street Address <b>P.O. BOX 218, 247 TOWER ROAD</b>						
City <b>LINCOLN</b>	State <b>MA</b>	Zip <b>01773</b>	City <b>LINCOLN</b>	State <b>MA</b>	Zip <b>01773</b>				
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>									
Director Name <b>NONE</b>			Director Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
<b>9. SHARES AUTHORIZED <input checked="" type="checkbox"/></b>									
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.									
						NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
						400		COMMON	NO PAR VALUE
<b>10. SHARES ISSUED (X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>									

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.

File Date  
Check No.  
BY  
FOR SECRETARY OF STATE USE ONLY

**FILED**

**FEB 13 2017**

BY

*17186 DS*

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.

*Gerald D. Palmer*  
Signature of Authorized Representative

*2-8-17*  
Date

**GERALD D. PALMER, PRESIDENT**

Print or Type Name of Authorized Representative