



RI SOS Filing Number: 201739345530 Date: 3/31/2017 4:00:00 PM
State of Rhode Island and Providence Plantations

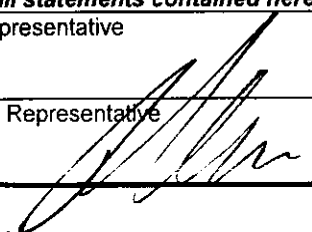
Department of State - Business Services Division

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 MAR 31 AM 11:32

1. Entity ID Number 31409		2. Exact name of the Corporation P.A.R. Products Co.			
3. Principal Office Address 29 Colvintown Road		City Co ventry		State RI	Zip 02816
4. Business Phone Number: 401-821-8902		6. Brief description of the character of business conducted in Rhode Island Acquire and deal with machine goods, rubber goods and valve parts			
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 Richard J. Campoli			Vice-President Name Richard J. Campoli		
Street Address 29 Colvintown Road			Street Address 29 Colvintown Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Richard J. Campoli			Treasurer Name Richard J. Campoli		
Street Address 29 Colvintown Road			Street Address 29 Colvintown Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard J. Campoli			Director Name		
Street Address 29 Colvintown Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <input type="checkbox"/>		
			NUMBER OF SHARES 300	CLASS/SERIES Common	PAR VALUE None
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 Richard J. Campoli					Date 3/17/17
Signature of Authorized Representative 					

FILED

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

MAR 31 2017

By 299938
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