RI SOS Filing Number: 201859075980 Date: 2/23/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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		
46978	PARCEL CENTER, INC.		
3. Principal Office Address	**City**	**State**	**Zip**
62 Franklin Street	Westerly	RI	02891
4. NAICS Code 44 - 45	**6. Brief description of the character of business conducted in Rhode Island**		
5. State of Incorporation Rhode Island	454390 Shipping, Printing & Business Services		

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

President Name	Street Address	City	State	Zip
Arthur Kachadourian	26 Poppy Lane	East Lyme	CT	06333

Vice-President Name	Street Address	City	State	Zip
Gary Kachadourian	26 Appletown Road	Greenville	RI	02828

Secretary Name	Street Address	City	State	Zip
Zita Kachadourian	26 Poppy Lane	East Lyme	CT	06333

Treasurer Name	Street Address	City	State	Zip
Arthur Kachadourian	26 Poppy Lane	East Lyme	CT	06333

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

Director Name	Street Address	City	State	Zip
Arthur Kachadourian	26 Poppy Lane	East Lyme	CT	06333

Director Name	Street Address	City	State	Zip
Gary Kachadourian	26 Appletown Road	Greenille	RI	02828

Director Name	Street Address	City	State	Zip
Zita Kachadourian	26 Poppy Lane	East Lyme	CT	06333

Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
Arthur Kachadourian	Feb. 21, 2018

Signature of Authorized Representative: Arthur Kachadourian SIGN DOCUMENT HERE

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 23 2018
BY 195360S

FORM 630 - Revised: 10/2017