

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

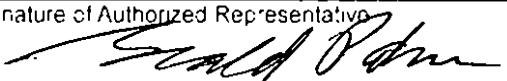
MAR 22 2018

BY

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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 9584		2. Exact name of the Corporation HUDSON SERVICES, INC.			
3. Principal Office Address 101 CRANSTON STREET			City PROVIDENCE		State RI
			Zip 02907		
4. NAICS Code 812320		6. Brief description of the character of business conducted in Rhode Island THE CLEANSING AND RENOVATION OF CLOTHING, CLOTHS, FABRICS, MORE ESPECIALLY SUEDE AND LEATHER.			
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 GERALD D. PALMER			Vice-President Name JEAN B. PALMER		
Street Address P.O. BOX 218, 247 TOWER ROAD			Street Address P.O. BOX 218, 247 TOWER ROAD		
City LINCOLN	State MA	Zip 01773	City LINCOLN	State MA	Zip 01773
Secretary Name JEAN B. PALMER			Treasurer Name GERALD D. PALMER		
Street Address P.O. BOX 218, 247 TOWER ROAD			Street Address P.O. BOX 218, 247 TOWER ROAD		
City LINCOLN	State MA	Zip 01773	City LINCOLN	State MA	Zip 01773
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 GERALD D. PALMER, PRESIDENT					Date 3-8-18
Signature of Authorized Representative  GERALD D. PALMER					

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