



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 <b>387095</b>		2. Exact name of the Corporation <b>Priority One Inc</b>	
3. Principal Office Address <b>16A Sandy Pond Rd</b>		City <b>Hope Valley</b>	State <b>RI</b>
		Zip <b>02833</b>	
4. NAICS Code <b>221330</b>	5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>oil burner service and repair</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Audura Paslarini</b>		Vice-President Name <b>Michael Paslarini</b>	
Street Address <b>16A Sandy Pond Rd</b>		Street Address <b>16A Sandy Pond Rd</b>	
City <b>Hope Valley</b>	State <b>RI</b>	City <b>Hope Valley</b>	State <b>RI</b>
Zip <b>02832</b>		Zip <b>02832</b>	
Secretary Name <b>[Signature]</b>		Treasurer Name <b>[Signature]</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Audura Paslarini</b>		Director Name	
Street Address <b>16A Sandy Pond Rd</b>		Street Address	
City <b>Hope Valley</b>	State <b>RI</b>	City	State
Zip <b>02832</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>0</b>	CLASS/SERIES <b>CWP</b>
			PAR VALUE <b>.01</b>
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 <b>[Signature]</b>		Date <b>9/24/18</b>	
Signature of Authorized Representative <b>Michael Paslarini</b>		SIGN DOCUMENT HERE <b>Treasurer 9/24/18</b>	

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**

**SEP 26 2018**

FORM 630 - Revised: 10/2017

BY 2288 DS