RI SOS Filing Number: 201988510590 Date: 3/11/2019 4:00:00 PM

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

FILED
MAR 11 2019
BY 23697 DS

Annual Report for the year: 2019
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
104551	PARMELEE SERVICES, INC.

3 Principal Office Address	City	State	Zip
99 QUAKER LANE	NORTH SCITUATE	RI	028257

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
424990	ACCOUNTING, FINANCIAL, TAX PREPARATION, AUDITING AND OTHER SERVICES.
5 State of Incorporation: RHODE ISLAND	

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

President Name: JOHN A. PARMELEE			Vice-President Name: JOHN A. PARMELEE		
Street Address: 99 QUAKER LANE			Street Address: 99 QUAKER LANE		
City: NORTH SCITUATE	State: RI	Zip: 02857	City: NORTH SCITUATE	State: RI	Zip: 02857
Secretary Name: JOHN A. PARMELEE			Treasurer Name: JOHN A. PARMELEE		
Street Address: 99 QUAKER LANE			Street Address: 99 QUAKER LANE		
City: NORTH SCITUATE	State: RI	Zip: 02857	City: NORTH SCITUATE	State: RI	Zip: 02857

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

Director Name: JOHN A. PARMELEE			Director Name		
Street Address: 99 QUAKER LANE			Street Address		
City: NORTH SCITUATE	State: RI	Zip: 02857	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1,000	CNP	NO PAR
Changes require an additional filing.			

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
JOHN A. PARMELEE	3/1/19

Signature of Authorized Representative: 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

FORM 630 - Revised: 10/2017