



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

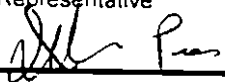
Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 11 2019

BY 2367 DS

1. Entity ID Number 104551		2. Exact name of the Corporation PARMELEE SERVICES, INC.			
3. Principal Office Address 99 QUAKER LANE		City NORTH SCITUATE		State RI	Zip 028257
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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 CLASS/SERIFS PAR VALUE		
			1,000 CNP 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 JOHN A. PARMELEE				Date 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