

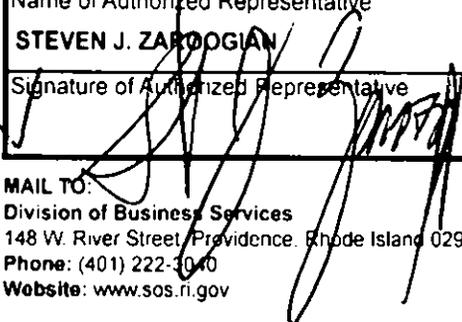


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

FILED
 FEB 27 2020
 7513
 S.O.V.I.P

- 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 7543		2. Exact name of the Corporation MARKARIAN & MEEHAN, LTD.			
3. Principal Office Address 336 MAIN STREET		City WAKEFIELD		State RI	Zip 02879
4 NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island ACCOUNTING FIRM			
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 STEVEN J. ZAROOGIAN			Vice-President Name ROBERT L. PASQUAZZI		
Street Address 211 SAUGA AVENUE			Street Address 93 SOUTH BAY DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NARRAGANSETT	State RI	Zip 02882
Secretary Name STEVEN J. ZAROOGIAN			Treasurer Name STEVEN J. ZAROOGIAN		
Street Address 211 SAUGA AVENUE			Street Address 211 SAUGA AVENUE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN J. ZAROOGIAN			Director Name ROBERT L. PASQUAZZI		
Street Address 211 SAUGA AVENUE			Street Address 93 SOUTH BAY DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NARRAGANSETT	State RI	Zip 02882
Director Name STUART E. WOODARD			Director Name		
Street Address 12 OAKWIND TERRACE			Street Address		
City CRANSTON	State RI	Zip 02920	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
			240	COMMON	NO 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 STEVEN J. ZAROOGIAN				Date 2/5/20	
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

ATTACHMENT

2020 RHODE ISLAND PROFIT CORPORATION ANNUAL REPORT

Corporate ID: 7543

Name of Corporation: MARKARIAN & MEEHAN, LTD.

NAMES AND ADDRESSES OF THE OFFICERS

Additional Names of Vice Presidents:

STUART E. WOODARD
12 OAKWIND TERRACE
CRANSTON, RI 02920