ARRATT 03/10/2023 9 10 AM	1									
State of Rhode Is Department of S		Se	rvices Division							
Annual Report for the ye	ear: 2023									
Corporation		:AD 2 7 2023 🚓								
> Filing period February 1 - M		h 3 605								
→ Filing Fee: \$50 00					L	. 2 60	اکر آ			
> Penalty Additional \$25.00 fe	ee if form is not filed	by F	√lay 31.		C					
Entity ID Number	2 Exact name of	the	Corporation				_		_	
001736698	PARRATT	_	WOLFF, INC	•						
3. Principal Office Address	City			State	Zip	_				
5989 FISHER ROAD - PO BOX 56					SYRACUSE	YRACUSE NY				
4 NAICS Code			of the character of bus					13057	_	
238900										
State of Incorporation	7									
NY	TECT LOT	F	2							
		TEST_HOLES addresses) Check the box to indicate an attachmen								
7. List ALL officers (names and addresses) President Name				Vice-President Name						
DANYLO KULCZYCHY				TODD MUENCH						
Street Address				Street Address						
19 EDGEWOOD PARKWAY				4112 MILLSTONE RD						
City	State	Zıp		City	MOTORE	State	1:	Zıp	_	
FAYETTEVILLE	NY		3066	1	E HILLS	NC		27541		
Secretary Name				Treasurer Name						
WILLIAM HACKET	I,									
Street Address	-			Street Addr	ess				_	
1452 NORTH RD										
City	State	Zıç)	City		State] ;	Zip	_	
TULLY	NY	1	13159					•		
B List ALL directors (names ar	nd addresses)			•	Ch	eck the box	to indica	te an attachment	ī	
Director Name				Director Name						
Street Address				Street Address					_	
	To	_				1	т.			
City	State	Zıç)	City		State		Zıp		
Director Name				Director Name				_		
Street Address				Street Address						
City	State	Zıp)	City		State		Zıp		
· · · · · · · · · · · · · · · · ·			T			1		_	-	
9 Shares Authorized			10 Shares Issued					to indicate an attachment		
This information is currently of record in the		NUMBER OF S				SFRIFS		PAR VALUE		
Department of State.	-1.601		909	ΤΩ	COMMON		+		_	
Changes require an additional									_	
11. This report must be execute			•	· · · · · · · · · · · · · · · · · · ·		is in the ha	ands of a	receiver or		
trustee, this report must be exe							•		_	
Under penalty of perjury,				•	ort, including any	accompa	nying s	cnedules and		
statements, and that all st	tatements contair	160	nerein are true an	a correct.						

MAIL TO:

Division of Business Services

Name of Authorized Representative

Signature of Authorized Representative

DANYLO O KULCZYCKY

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov Date 3-11-23