



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2024**

Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 07 2024

BY 20305

1. Entity ID Number 46978		2. Exact name of the Corporation PARCEL CENTER, INC.			
3. Principal Office Address 62 Franklin Street			City Westerly	State RI	Zip 02891
4. NAICS Code 454390		6. Brief description of the character of business conducted in Rhode Island Shipping, Printing & Business 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 Arthur Kachadourian			Vice-President Name Gary Kachadourian		
Street Address 26 Poppy Lane			Street Address 26 Appletown Road		
City East Lyme	State CT	Zip 06333	City Greenville	State RI	Zip 02828
Secretary Name Zita Kachadourian			Treasurer Name Arthur Kachadourian		
Street Address 26 Poppy Lane			Street Address 26 Poppy Lane		
City East Lyme	State CT	Zip 06333	City East Lyme	State CT	Zip 06333
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Arthur Kachadourian			Director Name Gary Kachadourian		
Street Address 26 Poppy Lane			Street Address 26 Appletown Road		
City East Lyme	State CT	Zip 06333	City Greenville	State RI	Zip 02828
Director Name Zita Kachadourian			Director Name		
Street Address 26 Poppy Lane			Street Address		
City East Lyme	State CT	Zip 06333	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE 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 Arthur Kachadourian				Date March 5, 2024	
Signature of Authorized Representative <i>Arthur Kachadourian</i>					
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