



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.

1. Entity ID Number <b>001716930</b>		2. Exact name of the Corporation <b>Par Excellence Systems, Inc.</b>		
3. Principal Office Address <b>11500 Northlake Dr, Suite 135</b>		City <b>Cincinnati</b>	State <b>OH</b>	Zip <b>45249</b>
4. NAICS Code <b>541990</b>	6. Brief description of the character of business conducted in Rhode Island <b>Manufacture inventory/supply chain management systems for healthcare industry</b>			
5. State of Incorporation <b>OH</b>				
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <b>Thaddeus Mac Krell</b>		Vice-President Name <b>Justin DuFour</b>		
Street Address <b>11500 Northlake Dr, Suite 135</b>		Street Address <b>11500 Northlake Dr, Suite 135</b>		
City <b>Cincinnati</b>	State <b>OH</b>	Zip <b>45249</b>	City <b>Cincinnati</b>	State <b>OH</b> Zip <b>45249</b>
Secretary Name <b>Sean Eagle</b>		Treasurer Name <b>Sean Eagle</b>		
Street Address <b>11500 Northlake Dr, Suite 135</b>		Street Address <b>11500 Northlake Dr, Suite 135</b>		
City <b>Cincinnati</b>	State <b>OH</b>	Zip <b>45249</b>	City <b>Cincinnati</b>	State <b>OH</b> Zip <b>45249</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <b>Bob Stonikas</b>		Director Name <b>Sean Eagle</b>		
Street Address <b>11500 Northlake Dr, Suite 135</b>		Street Address <b>11500 Northlake Dr, Suite 135</b>		
City <b>Cincinnati</b>	State <b>OH</b>	Zip <b>45249</b>	City <b>Cincinnati</b>	State <b>OH</b> Zip <b>45249</b>
Director Name <b>Justin DuFour</b>		Director Name <b>Thaddeus Mac Krell</b>		
Street Address <b>11500 Northlake Dr, Suite 135</b>		Street Address <b>11500 Northlake Dr, Suite 135</b>		
City <b>Cincinnati</b>	State <b>OH</b>	Zip <b>45249</b>	City <b>Cincinnati</b>	State <b>OH</b> Zip <b>45249</b>
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		120,000	Common	0.00001
		80,000	Preferred	0.00001
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. <b>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.</b>				
Name of Authorized Representative <b>Michael Moeller</b>				Date <b>5/16/23</b>
Signature of Authorized Representative <i>Michael Moeller</i>				

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 11/2021