



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 APR 20 A 9 30

1. Entry ID Number 31409		2. Exact name of the Corporation P.A.R. Products Co.			
3. Principal Office Address 29 Colvintown Road			City Coventry	State RI	Zip 02816
4. NAICS Code 423840		6. Brief description of the character of business conducted in Rhode Island Acquire and deal with machine goods, rubber goods and valve parts			
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 Richard J. Campoli			Vice-President Name Melissa Anne Nolan		
Street Address 29 Colvintown Road			Street Address 29 Colvintown Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Richard J. Campoli			Treasurer Name Richard J. Campoli		
Street Address 29 Colvintown Road			Street Address 29 Colvintown Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Richard J. Campoli			Director Name		
Street Address 29 Colvintown Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		Common	None
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 Richard J. Campoli					Date 3/23/2023
Signature of Authorized Representative 					

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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