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**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>31409</b>		2. Exact name of the Corporation <b>P.A.R. Products Co.</b>	
3. Principal Office Address <b>29 Colvinton Road</b>		City <b>Coventry</b>	State <b>RI</b>
		Zip <b>02816</b>	
4. NAICS Code <b>423840</b>	6. Brief description of the character of business conducted in Rhode Island <b>Acquire and deal with machine goods, rubber goods and valve parts</b>		
5. State of Incorporation <b>Rhode Island</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>Richard Campoli</b>		Vice-President Name <b>Melissa Anne Nolan</b>	
Street Address <b>29 Colvintown Road</b>		Street Address <b>29 Colvintown Road</b>	
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>
			State <b>RI</b>
			Zip <b>02816</b>
Secretary Name <b>Richard J. Campoli</b>		Treasurer Name <b>Richard J. Campoli</b>	
Street Address <b>29 Colvintown Road</b>		Street Address <b>29 Colvintown Road</b>	
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>
			State <b>RI</b>
			Zip <b>02816</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>Richard J. Campoli</b>		Director Name	
Street Address <b>29 Colvintown Road</b>		Street Address	
City <b>Coventry</b>	State <b>RE</b>	Zip <b>02816</b>	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued <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.		NUMBR OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>300</b>	<b>Common</b>
			<b>None</b>
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>Richard J. Campoli</b>			Date <b>5/1/24</b>
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

FILED  
MAY 30 2024  
BY **69505** **RJ**