

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.304

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00

subject to a penalty fee of \$25,00. 1. Corporate ID No.				uays after the time prescribed by	у шw (R.I.G.L. 7-1.2-1501
40363	2. Name of Corporation GIL PARKING CORPORATION				
3. Street Address Principal Business Office 2970 MENDON ROAD, UNIT 131			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 401-648-4963 5. State of Incorporation RHODE ISLAND				02004	
6. Brief Description of the Character PARKING LOT					
7. NAMES AND ADDRESSE President Name JAMES F. GILBERT	S OF THE OFFICERS	: ("X" BOX FOR ATT	ACHMENT) FILL IN Vice President Name	SPACES BEFORE USIN	G ATTACHMENTS
Street Address PO BOX 206			Street Address		
City MANVILLE	State RI	^{Zip} 02838	City	State	Zip
Secretary Name JAMES F. GILBERT			Treasurer Name JAMES F. GILBERT		
Street Address PO BOX 206			Street Address PO BOX 206		
MANVILLE	State RI	^{Zip} 02838	City MANVILLE	State RI	^{Zip} 02838
3. NAMES AND ADDRESSES Director Name JAMES F. GILBERT	OF THE DIRECTOR	S: ("X" BOX FOR AT	TACHMENT) T FILL IN Director Name	SPACES BEFORE USIN	NG ATTACHMENTS
treet Address PO BOX 206			Street Address		
AAADAD P	State	Zip	City	State	Zip
MANVILLE irector Name] RI	02838			Zip
			Director Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
treet Address			Street Address		
ity	State	Zip	City	State	Zip
SHARES AUTHORIZED			10. SHARES ISSUED ISSUED SHARES — THIS SEC	 <i>("X" BOX FOR ATTAC.</i> TION <u>MUST</u> BE COMPLETED	 HMENT) []
This information is currently of record in the Office of the Secretary of state. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	Common	\$1
				1	
his report must be executed or is report must be executed or	on behalf of the corpo	ration by an authorized	d representative. If the co	rporation is in the hands	S of a receiver or tens
is report must be executed or	n behalf of the corpora	ation by the receiver o	r trustee.	-position is in the halle:	of a receiver or tr

this report must be executed on behalf of the corporation by the response to the corporation by the corporation by the response to the corporation by the corporation by the response to the corporation by the corpor	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. Signature Date
By:	James F. Gilbert Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President Title
	Form 630 Rev. 08/08