

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

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.C.

subject to a periody fee of \$25,00.		i in time presertaen by title (K.I.G.L. 2-1.2-1501(c@d)j is
1. Corporate 1D No. 35757 INTOWN ParkING INC.			
3. Street Address Principal Business Office 1 Fulton St. Suite 602	Vt.	State RI	o 2903
4. Business Phone No. 5. State of Incorporation / hode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Tresaeni vanie	Vice President Name	_	TACHMENTS
Street Address	Thomas Cioci		
1 Fultou St - Ste 602	1Fulton St Ste. 602		
William Wise street Address I Fultou St - Stx 602 City Proving Stage 7 700 2903 Secretary Name (a) 1/1/16 1/1/15 6	Pra	P I	02403
William Wise	Treasurer Name, Cioci		
Street Address Fulton St Stz 602 City Prov State The Discrete State State State The Discrete State Sta	Street Address 1 Fulton St. Stz 602		
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I homas Civici	Director Name Thomas Clock		
1 Futton 57- Street	Street Address 1 Fulton 5th 5te 602		
City from PI 02903	city Day	State 7	Ζίρ
Director Name, Jonas Ciocí	Director Name		
Street Address	Strong Address 1 Strong Address 1 Strong Address 1		
1 Fulton Sh - St. 602	1 Fulton S	1 St. 60)
PM RI 02903	trn	RI	02903
9. SHARES AUTHORIZED 600 No Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of	Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.	100		
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 statement contained herein are true and correct.			
File Date	William	Lelles	1/7/11
Check No. JAN 1 () 2011 Signature Signature			
By: By 5489 Print or Type Name			
FOR SECRETARY OF STATE USE ONLY PROSIDENT Title			
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