

A. Ralph Mollis, Secretary of Stat Corporations Divisio. 148 W. River Stree Providence, RI 02904-261 401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PE

2011

| In accordance with R.I.G. subject to a penalty fee of \$2 | .L. 7-1.2-1501(e), each corp | pration failing or refusing to file its an | nual report within thirty (30) i | days after the time prescribed by la | IN BLACK INK. w (R.I.G.L. 7-1.2-1501(c&d)) is | |
|--|--|---|--|--------------------------------------|--|--|
| 1. Corporate ID No. 40362 | FEDERAL | 2. Name of Corporation FEDERAL PARKING CORPORATION | | | | |
| 3. Street Address Principal Business Office 1525 OLD LOUISQUISSET PIKE, SUITE B201 | | | City LINCOLN | State RI | <i>Ζιρ</i> 0286 5 | |
| 4. Business Phone No. 5. State of incorporation 401-726-3355 RHODE ISLAN | | | | | | |
| 6. Brief Description of the C PARKING LOT | huracter of Business Condu | ted in Rhode Island | - | | | |
| 7. NAMES AND ADD President Name JAMES F. DUGAN | | CERS: ("X" BOX FOR ATTA | ACHMENT) FILL IN Vice President Name | SPACES BEFORE USING | ATTACHMENTS | |
| Street Address 1525 OLD LOUISQUISSET PIKE, STE B201 | | | Street Address | | | |
| City LINCOLN, | State RI | ^{Ζιρ} 02865 | Gity | State | Zip | |
| Secretary Name | | | Treasurer Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name JAMES F. DUGAN | | | TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name | | | |
| Street Address 1525 OLD LOUISQUISSET PIKE, STE B201 | | | Street Address | | | |
| City LINCOLN, | State RI | ^{Zip} 02865 | Сйу | State | Zip | |
| Director Name | | | Director Name | | *************************************** | |
| Street Address | | | Street Address | | | |
| City | State | Zip | СИУ | State | Zip | |
| 9. SHARES AUTHORIZED | | | 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 State. Changes require an additional filing. See Section 9 of instruction sheet. | | | Number of Shares | Class/Series | Par Value | |
| | | | 100 | COMMON | \$1 | |
| | | | | | | |
| This report must be exthis report must be exe | ecuted on behalf of the cuted on behalf of the | e corporation by an authorize corporation by the receiver | or trustee. Under penalty of pincluding any acco | perjury, I declare and affirm th | of a receiver or trustee. at I have examined this report ements, and that all statement | |
| | B 11 2011 | | Signature | - X | Date | |
| Ву: | 1711 | | Print or Type Name | 1- DUGAN | <u> </u> | |
| FOR SECRETARY | OF STATE USE ONLY | | Title | | | |