



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2011

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)(4)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                                        |             |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------|-------------|--------------|
| 1. Corporate ID No.<br>64792                                                                                                                               |             | 2. Name of Corporation<br>City Parking & Valet Service |             |              |
| 3. Street Address Principal Business Office<br>199 Canal St                                                                                                |             | City<br>Providence                                     | State<br>RI | Zip<br>02903 |
| 4. Business Phone No.<br>401-278-4100                                                                                                                      |             | 5. State of Incorporation<br>RI                        |             |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Motor Vehicle Parking Service                                               |             |                                                        |             |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                        |             |              |
| President Name<br>Sean Marchante                                                                                                                           |             | Vice President Name<br>Sean Marchante                  |             |              |
| Street Address<br>2 Weetamoo Farm Drive                                                                                                                    |             | Street Address<br>Same                                 |             |              |
| City<br>Bristol                                                                                                                                            | State<br>RI | Zip<br>02809                                           | City        | State        |
| Secretary Name<br>Sean Marchante                                                                                                                           |             | Treasurer Name                                         |             |              |
| Street Address<br>Same                                                                                                                                     |             | Street Address                                         |             |              |
| City                                                                                                                                                       | State       | Zip                                                    | City        | State        |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                        |             |              |
| Director Name<br>Sean Marchante                                                                                                                            |             | Director Name<br>Sean Marchante                        |             |              |
| Street Address                                                                                                                                             |             | Street Address<br>Same                                 |             |              |
| City                                                                                                                                                       | State       | Zip                                                    | City        | State        |
| Director Name                                                                                                                                              |             | Director Name                                          |             |              |
| Street Address                                                                                                                                             |             | Street Address                                         |             |              |
| City                                                                                                                                                       | State       | Zip                                                    | City        | State        |
| 9. SHARES AUTHORIZED                                                                                                                                       |             |                                                        |             |              |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                        |             |                                                        |             |              |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED                                                                                                             |             |                                                        |             |              |
| Number of Shares<br>10                                                                                                                                     |             | Class/Series                                           |             | Par Value    |
| 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. |             |                                                        |             |              |

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.

FILED

File Date

MAR 08 2011

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

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

Print or Type Name

Title