



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |  |  |                     |                     |
|--|--------------------|--|--|---------------------|---------------------|
| 1. Entity ID No.<br><b>153106</b>  |                    | 2. Exact name of the Corporation<br><b>Booth Parking, Inc.</b> |  |                     |                     |
| 3. Principal office address<br><b>138 Swinburne Row</b>  |                    | City<br><b>Newport</b>   | State<br><b>RI</b>                           | Zip<br><b>02840</b> |                     |
| 4. Business Phone No.<br><b>(401) 835-6527</b>   |                    | 5. State of Incorporation<br><b>Rhode Island</b>               |  |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Parking lot management</b>   |                    |  |  |                     |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |  |                     |                     |
| President Name<br><b>Brian Booth</b>   |                    |  | Vice-President Name<br><b>Peter R. Booth</b> |                     |                     |
| Street Address<br><b>9 Sherman Street</b>  |                    |  | Street Address<br><b>34 Rosa Road</b>        |                     |                     |
| City<br><b>Newport</b>   | State<br><b>RI</b> | Zip<br><b>02840</b>  | City<br><b>Middletown</b>                    | State<br><b>RI</b>  | Zip<br><b>02842</b> |
| Secretary Name<br><b>Brian Booth</b>   |                    |  | Treasurer Name<br><b>Peter R. Booth</b>      |                     |                     |
| Street Address<br><b>9 Sherman Street</b>  |                    |  | Street Address<br><b>34 Rosa Road</b>        |                     |                     |
| City<br><b>Newport</b>   | State<br><b>RI</b> | Zip<br><b>02840</b>  | City<br><b>Middletown</b>                    | State<br><b>RI</b>  | Zip<br><b>02842</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |  |                     |                     |
| Director Name<br><b>None</b>   |                    |  | Director Name                                |                     |                     |
| Street Address   |                    |  | Street Address                               |                     |                     |
| City   | State              | Zip  | City   | State               | Zip                 |
| Director Name  |                    |  | Director Name                                |                     |                     |
| Street Address   |                    |  | Street Address                               |                     |                     |
| City   | State              | Zip  | City   | State               | Zip                 |
| 9. SHARES AUTHORIZED   |                    |  |  |                     |                     |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |  |                     |                     |
| 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           |                     |
| <b>100</b>   |                    | <b>Common</b>  |  | <b>No par</b>       |                     |

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

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 of Authorized Representative

Date

**Brian Booth**

Print or Type Name of Authorized Representative