



State of Rhode Island and Providence Plantations
Department of State – Business Services Division

ANNUAL REPORT FOR THE YEAR 2017

Corporation

- Filing Period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1

| | | | | | |
|--|--------------------|---|--|--------------------|---------------------|
| 1. Corporate ID No. 001661262 | | 2. Name of Corporation US Valet, Inc. | | | |
| 3. Street Address Principal Business Office 17 Cocasset Street, Suite 6-5 | | | City Foxborough | State MA | Zip 02035 |
| 4. NAICS Code 81 | | 5. State of Incorporation Massachusetts | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island valet and parking management | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Jason R. Winpenny | | | Vice President Name | | |
| Street Address 17 Cocasset Street, Suite 6-5 | | | Street Address | | |
| City Foxborough | State MA | Zip 02035 | City | State | Zip |
| Secretary Name Jason R. Winpenny | | | Treasurer Name Jason R. Winpenny | | |
| Street Address 17 Cocasset Street, Suite 6-5 | | | Street Address 17 Cocasset Street, Suite 6-5 | | |
| City Foxborough | State MA | Zip 02035 | City Foxborough | State MA | Zip 02035 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Jason R. Winpenny | | | Director Name | | |
| Street Address 17 Cocasset Street, Suite 6-5 | | | Street Address | | |
| City Foxborough | State MA | Zip 02035 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 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. | | | ISSUED SHARES - THIS SECTION MUST BE COMPLETED | | |
| | | | Number of Shares Class Series Par Value | | |
| | | | 100 common shares \$.01 par value | | |

11. 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 statements contained herein are true and correct.

Signature

Jason R. Winpenny

President

Title

FILED

1-19-17

Date

JAN 24 2017

BY

Jason R. Winpenny

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov