



RI SOS Filing Number: 201737229580 Date: 3/2/2017 4:00:00 PM

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 2017

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. 936481		2. Exact name of the Corporation THE MOPED MAN, INC.			
3. Principal office address 435 Water Street		City New Shoreham		State RI	Zip 02807
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Rental of moped bikes, bicycles, etc.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Willis N. Brown, Jr.			Vice-President Name Velaine Pfund		
Street Address 19602 Atascocita Pines			Street Address 22 Frederick Court		
City Humble	State TX	Zip 77346	City Montauk	State NY	Zip 11954
Secretary Name Melissa Ewers			Treasurer Name Melody Floyd		
Street Address 8307 Anglers Pointe Drive			Street Address 2 Country View Lane		
City Temple Terrace	State FL	Zip 33637	City Middle Island	State NY	Zip 11953
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Willis N. Brown, Jr.			Director Name Melody Floy		
Street Address 19602 Atascocita Pines			Street Address 1404 Cobblestone Court		
City Humble	State TX	Zip 77346	City Middle Island	State NY	Zip 11953
Director Name Stacey Rowland			Director Name Melissa Ewers		
Street Address 3 Island View Road			Street Address 8307 Anglers Pointe Drive		
City Cohoes	State NY	Zip 12042	City Temple Terrace	State FL	Zip 33637
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
			5000		No

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.

Willis N. Brown Jr 3/1/2017
Signature of Authorized Representative Date

Willis N. Brown, President

Print or Type Name of Authorized Representative

FILED**MAR 02 2017**

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