



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2018
 Corporation

2018 SEP 11 PM 2:40

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

1. Entity ID Number 000016621		2. Exact name of the Corporation Wayland Square Parking Corporation			
3. Principal Office Address 230 Waterman St			City Providence	State RI	Zip 02906
4. NAICS Code 1454390		5. Brief description of the character of business conducted in Rhode Island Parking Lot			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Kena Abels			Vice-President Name N/A		
Street Address 9 Wayland Sq			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Mark Russell			Treasurer Name Kena Abels		
Street Address 230 Waterman St			Street Address 9 Wayland Sq		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Kena Abels			Director Name		
Street Address 9 Wayland Sq			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name Mark Russell			Director Name		
Street Address 230 Waterman St			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		135			100.00
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.					
Name of Authorized Representative Mark Russell					Date 9/11/18
Signature of Authorized Representative <i>[Signature]</i>					

FILED
 SEP 11 2018

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

BY *[Signature]* MW7JA