



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

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

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BY mw7JA