



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

**STAMP**

FOR  
 DEPT. OF STATE  
 DIVISION

**Annual Report for the year: 2019**  
**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. Entity ID Number <b>40362</b>		2. Exact name of the Corporation <b>FEDERAL PARKING CORPORATION</b>					
3. Principal Office Address <b>1525 OLD LOUISQUISSET PIKE STE B201</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>		
4. NAICS Code <b>812930</b>		6. Brief description of the character of business conducted in Rhode Island <b>PARKING LOT</b>					
5. State of Incorporation <b>RHODE ISLAND</b>							
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
President Name <b>JAMES F DUGAN</b>			Vice-President Name				
Street Address <b>1525 OLD LOUISQUISSET PIKE STE B201</b>			Street Address				
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip		
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
Director Name <b>JAMES F DUGAN</b>			Director Name				
Street Address <b>1525 OLD LOUISQUISSET PIKE STE B201</b>			Street Address				
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	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	
		<b>100</b>		<b>COMMON</b>		<b>\$1</b>	
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. <i>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.</i>							
Name of Authorized Representative <b>JAMES F. DUGAN</b>						Date <b>1/17/19</b>	
Signature of Authorized Representative 						SIGN DOCUMENT HERE	

**FILED**

**JAN 17 2019**