



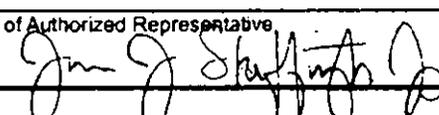
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Corporation

2019 JAN 29 PM 3:51

- 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 76732		2. Exact name of the Corporation New England Parking Company II			
3. Principal Office Address ATTN: James J. Skeffington, Jr., 2800 Financial Plaza			City Providence	State RI	Zip 02903
4. NAICS Code 812930		6. Brief description of the character of business conducted in Rhode Island To own, operate and manage parking facilities.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James J. Skeffington, Jr.			Vice-President Name None		
Street Address 2800 Financial Plaza			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Robert H. Goff			Treasurer Name Ennn S. Murray		
Street Address ATTN: James J. Skeffington, Jr., 2800 Financial Plaza			Street Address ATTN: James J. Skeffington, Jr., 2800 Financial Plaza		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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		PAR VALUE
			200		.01
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 James J. Skeffington, Jr., President				Date 1/25/19	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 772-3040
 Website: www.sos.ri.gov

FILED

JAN 29 2019

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FORM 630 - Revised: 10/2017

BY Ch 9KBZ1