

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown. Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

2005

Filing Period: January 1 - Me (FORM MUST BE TYPED OR PRINT		Fee: \$50.00			
1. Corporate ID No.	2. Name of Corporation				·- · · ·
10273	METROPARK LT	D.			
3 Street Address Principal Business Og	Jice		City	State	Zip
49 Weybosset St	treet	Le com et branches	Providence	RI	02903
		5. State of Incorporation			6. SIC Code
274-9290 7. Brief Description of the Character of	f Business Conducted in Ri	RHODE ISLAND			8839
PARKING AND OTHER R	ELATED AUTOMOTIV	E SERVICES			
8. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) [] FILL IN SPA- Vice President Name	CES BEFORE USING A	TTACHMENTS
Charles S. Meye:	rs		None		
Street Address			Street Address		
28 Luzon Avenue	, 	· · · · · · · · · · · · · · · · · · ·			
City	State	Zip	City	State	Z(p
Providence	l RI	02906	Treasurer Name	.]	
Charles S. Meye.	re		Charles S. Me	vorc	
Sings Address		<u></u>	Street Address	, era	
28 Luzon Avenue			28 Luzon Avenue	e '	
City·	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
9. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SE	PACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
Street Address		· ·	Street Address		
City	State	Zip	City	State	Zip
	<u> </u>	J.;			
Director Name		· · ·	Director Name		
Sinst Address			Sircei Address		
City	State	Zip	City	State	Ζψ
10. SHARES AUTHORIZED (AUTHORIZED SHARES	 ("X" BOX FOR ATTA	 CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHM	ENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6,000 COMM NO PAR VALU	JE		100	common	no par
This report must be s	igned in ink by eithe	er the President Vice Pr	l esident, Secretary, Assistant S	Secretary Treasurer Re	ceiver or Trustee
			esident, decretary, resestant e	secretary, treasurer, re	netives of Trustee
					I have examined this report,
211]	including any accompan contained heroin are true		nents, and that all statements
File Date 2. 4-0.	J		Charli	Luger	1/61/05
Check No 1995.	3		Signature of Officer	1	Date
		ĺ	CHARLES M Print or Type Name of Of	EALENT	. <u></u>
By:		_	Print or Type Name of Of	ficer	
FOR SECRETARY OF STA	TE USE ONLY		PRESUDBAT	-	<u></u>



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2004
lling Period: January 1 - March 1 • Filing Fee: \$50.00	
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02906 TACHMENTS			
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Par Value			
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ver or Trustee			
ave examined this			
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FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I including pay accompanying schedules and stateme	
contained berein are true and correct.	Motor
Signature of Officer	Date
CHANGE MEYERS	
Print or Type Name of Officer	
PRESIDENT	
Title of Officer	 430 D 10/03



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



riiing reriva: januar	y 1-march 1 •	riing ree: \$50.00			IXSTRUCTO
FORM MUST BE TITED OR PRIN	TED IN BLACK)				
1. Corporate ID No.	2. Name of Corpora	tion			
10273	METROPAR	K LTD.			
3. Street Address Principal Busines	s Office		City	State	Zip
56 Pine Str	eet	5 5 4 4 5 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6	Providence	RI	02903
4. Rusiness Phone No.		5. State of Incorporation	7		6. SIC Code
274-9290		RHODE ISLAN	ID		8839
7. Brief Description of the Charact					
Parking and 8. NAMES AND ADDRE President Name		ted automotiv		EFORE USING ATTACH	IMENTS
Charles S.	ک Meye r		None		
Street Address			Street Address		
28 Luzon Av	enue				
City	State	Zip	City	State .	ZIP
Providence	RI	02906			
Secretary Name			Treasurer Name		
Charles S. Street Address	MeyerS		Charles S. M	leyerS	
28 Luzon Av	enue		· 28 Luzon Ave	nue	
City	State	Zip	City	State	ZIp
Providence	RI	02906	Providence	RI	02906
9. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS (*X* BOX FOR A	TACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
Street Address			Street Address		
City	State	Zip	City	_State	Zip
Director Name		•	Director Name		
Street Address			Street Address		
City	State	Zip	Gity	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x	(* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6,000 COMM NO PAR V	ALUE		100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

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	* 1 0 2 7 3 *
File Date:	2/7/03
Check No.:	///37
Ву:	2h
FOR SECRETARY O	OF STATE USE ONLY

Under penalty of perjury, I declare an	d affirm that I have examined
this report, including any accompany	ing schedules and statements, and
that all sintements contained herein :	are true and correct.
(licular huy	<u> </u>
Signature of Officer	Date
CHARLES MEYERS	
Print or Type Name of Officer	
PRESIDENT	

Form 630 12/02



14

Edward S. Inman, III, Secretary of State Corporation Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1' Filing Fee: \$50.00

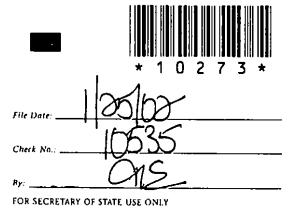
STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BL	4CK)	·•			
1. Corporate ID No.	2. Name of Carpara	ntion -	•		\ <u></u>
10273	METROPAR	RK LTD.			
3. Street Address Principal Business			City	State	Zip
56 Pine Stree 4. Business Phone No. 274-9290	et	5. State of Incorporation RHODE ISLAN		RI	02903 6. SIC Code 8839
7. Bitef Description of the Characte Parking & oth					
8. NAMES AND ADDRES President Name Charles S. Me	SSES OF THE OFF			BEFORE USING ATTAC	CHMENTS
Street Address 28 Luzon Aver			Street Address		
^{cuy} Providence	State RI	zip 02906	City	State	ZIp
Secretary Name	•	• • • • • • • • • • • • • • • • • • • •	Treasurer Name	• • •	
Charles S. Me Street Address	_		Charles S. M	leyers	
28 Luzon Aver	nue		28 Luzon Ave	nue	
City	State	Zip	City	State	Zip
Providence	RI	02906	. Providence	RI	02906
9. NAMES AND ADDRES Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	ACHMENTS
None			:		
Street Address		·	Street Address		
City		Zip	– →Gly— ———————————————————————————————————	— — State — — —	• Zip
Director Name	• • • •		Director Name	• •	
Street Address			Street Address		
Clly	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("x" box for att.	ACHMENT)	11. SHARES ISSUED (*)	X* BOX FOR ATTACHMEN	Τ)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6,000 COMM NO PAR V	ALUE		. 100	COMP C	na n==
			100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

- 5



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.

Signature of Officer

CHARLES MEYERS

Print or Type Name of Officer

PRESIDENT

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

١.	Corporate	ID	NO.		
	•	1	02	73	

10210		_,,,			
3. Street Address Principal Busine:	ss Office		City	State	Zip
56 Pine Stre	et		Providence	e RI	02903
4. Business Phone No. 274–9290		S. State of Incorporation RHODE ISLAND			6. 8'839 'r
7. Brief Description of the Charact	ter of Business Conducted in	Rhode Island			
Parking and	other relate	ed automotive s	services.		
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR ATTACHI	MENT) FILL IN SPAC	CES BEFORE USING ATTAC	HMENTS
Charles S. M Street Address 28 Luzon Ave	<u>-</u>		None Street Address		
City	State	Zip	. City	State	Zip
Providence	RI	02906			
Secretary Name		•	Treasurer Name		
Charles S. M	eyers		Charles S.	Meyers	
Street Address			Street Address		
28 Luzon Ave	nue State	Zip	28 Luzon A	venue State	Zip
Providence 9. NAMES AND ADDRE Director Name	SSES OF THE DIRE	02906 CTORS (*X* BOX FOR ATTAC	Providence CHMENT) FILL IN SP Director Name	ACES BEFORE USING ATTA	02906 ACHMENTS
None Street Address		•••	Street Address,	and the second	
Clty	·State- · —		Glt y		Zip
Director Name		•	Director Name	• •	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED (*X* BOX FOR ATTA	ACHMENT)	11. SHARES ISSUE	D ("x" box for attachmen	r)

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

100



Class/Series

Par Value

Number of Shares

6000 SHS NO PAR COM

FOR SECRETARY OF STATE USE ONLY

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.

Class/Series

common

Par Value

No par



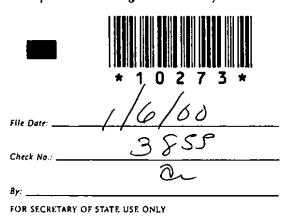
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1 1. Corporate ID No. METROPARK LTD. 10273 3. Sueet Address Principal Business Office 56 Pine Street Providence ^z'02903 6. SIC Code 5. State of incorporation 4. Business Phone No. 274-9290 8839 RHODE ISLAND 7. Bitlef Description of the Character of Business Conducted in Phode Island
Parking and other related automotive services FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) President Name Charles S. Meyers Vice President Name None Street Address 28 Luzon Avenue Street Address Providence City State Zip RI 02906 Transport Names S. Meyers Charles S. Meyers Street Address Street Address 28 Luzon Avenue 28 Luzon Avenue City City State Zip State 02906 02906 Providence RI RI Providence 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Director Name Director Name None None Street Address Street Address . City _City_ Director Name Director Name None None Street Address Street Address City State 210 City 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 6000 SHS NO PAR COM 100 Common No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report-including any accompanying schedules and statements, and than all statements contained herein are true and correct CHAR VILS





James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

1999

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1. • Filing Fee: \$50.00

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PLEASE READ
INSTRUCTIONS
1.31

Corporate ID No 10273	² METROPAH	îk LTD.			
Street Address Principal Busine 56 Pine Stree			Providence	State RI	^{zip} 02903
4. Rusiness Phone No. 274-9290 S. HHODETSLAN			ND		6. SIC 8839
Brief Description of the Charac Parking and o	ter of Business Conducted in ther related	Rhode Island automotive	services		•
NAMES AND ADDRE	SSES OF THE OFFIC	ERS ("X" BOX FOR ATTA	CHMENT) . FILL IN SPACES I	BEFORE USING ATTACK	IMENTS I
resident Name Charles S. Me	yers		Vice President Name NONE		
treet Address			Street Address		····
28_Luzon≾Aven	ue		•		
Providence	State RI	^{zip} 02906	City	State	Zip .
ecretary Name Charles S.MMe	yers.	······································	Deasurer Name Charles S. Mē	yers	
28 Luzon Aven	ue	, .	Street Address 28 Luzon Aven	ue .	•
Providence	State RI	^{21p} 02906	Providence	State RI	^{zip} 02906
	SSES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) L FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
Director Name	•		Director Name	•	
None	· · · · · · · · · · · · · · · · · · ·	<u> </u>	None		
treet Address			Street Address		
City	State	Ζ(φ	City	State	Zip
Director Name ;	***************************************		Director Name		
None			None		
Street Address	<u>-</u>		Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMENT	1 2 - 1
NUTHORIZED SHARES		<u> </u>	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6000 SHS NO PAR	COM		100 SHS	Common	None .
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* 1 0 2 7 3 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an
The Date: 10000,99	that all statements contained herein are true and correct. Checker July 1/13/99 Signature of Officer Date CHARIGS S MEYERS
OF SECRETARY OF STATE USE ONLY	Print or Type Name of Officer A RAS (Df. WT Title of Officer



james R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

1998

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00

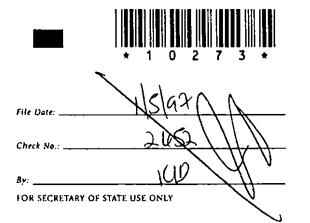
(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

²METROPARK LTD.

Office		City	State	Zip
		Providence	RI	02903
	S AHODE ISLAN	ND		6. SIC Code 8839
her related	automotive	services		
ES OF THE OFFIC	ERS ("X" BOX FOR ATTA			
ers				
•		Street Municip		
State	Z/P= = = = =	City	State	Zip
RI	°′02906	. ,		·
	÷.	Treasurer Name		
ers		Charles S. M	eyers	,
		Street Address	•	
ie		28 Luzon Ave	nue	•
State	ZIp	City	State	Zip
RI	02906	Providence	RI	02906
SES OF THE DIREC	CTORS ("X" BOX FOR A	TTACHMENT)		
		Director Name		
, ,	• • • • • • • • • • • • • • • • • • •			
••		, Street Address	Company of the Company	
State	Zip	_ City	State _	. Zip
		•		
		Director Name		
		None		
		Street Address		
State	. Zip	City	State	Zip
D (*x* box for attac	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	T)
_ ,				
		ISSUED SHARES		
Class/Series	l'ar Value	Number of Shares	Class/Series	Par Value
	her related tes of the offici ters te State RI SES OF THE DIRECT State	AHODE ISLAN of Business Conducted in Rhode Island her related automotive ES OF THE OFFICERS (*X* BOX FOR ATTA ers state RI 21p RI 02906 SES OF THE DIRECTORS (*X* BOX FOR ATTA State Zip Zip Zip Zip Zip Zip Zip Zi	Providence Substitute of Business Conducted in Rhode Island her related automotive services SES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name None Street Address State RI State RI State RI Description RI Director Name None Street Address State Ri State RI Director Name None Street Address State Ri Street Address	Providence RI SHOULD STAND Of Business Conducted in Rhode Island her related automotive services SES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) Vice President Name None Street Address State RI Treasurer Name Charles S. Meyers State Address State Zip City State State Zip City State RI SES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name None Street Address State Zip - City State Director Name None Street Address State Zip - City State Director Name None Street Address

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer

Date

CHARLES MEYERS

Print or Type Name of Officer

Title of Officer



Filing Period: January 1-March 1 • Filing Fee: \$50.00

James R. Lanzevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 10273 METROPARK LTD. 3. Street Address Principal Business Office City State Zip 02903 56 Pine Street Providence RΙ 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 8839 274-9290 7. Brief Description of the Character of Business Conducted in Rhode Island Parking and other related automotive services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Charles S. Meyers None Street Address Street Address 28 Luzon Avenue City State City State ZIp 02906 Providence RI Secretary Name Treasurer Name Charles S. Meyers Charles S. Meyers Street Address Street Address 28 Luzon Avenue 28 Luzon Avenue State City Zip 02906 Providence RI 02906 Providence RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name None None Street Address Street Address City . City _ State Director Name Director Name None None Street Address Street Address City State Zip City State 7.10 10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES SARWING USINGS Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 6000 SHS NO PAR COM 100 SHS Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

	* 1 0 2 7 3 *	
File Date:	1/9/97	
Check No.:	2088	
Ву:	1C <u>1</u> 17	
FOR SECRETA	RY OF STATE USE ONLY	

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. Signature of Officer S. MEYERS CHARLES Print or Tyge Name of Officer

None

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1 Filing Fee: \$50.00

CORPORATE ID HO.	2. NAME OF CORPORATION	1			
10273	METRO	PARK LTD.	······································		
STREET ADDRESS PRINCIPAL BUSINESS OFF	KOE ¹¹		1 ~	STATE	ZIP COOE
66 Pine Street		· · · · · · · · · · · · · · · · · · ·	Providence	RI	02903
USINESS PHONE NO.		5. STATE OF INCORPORATION			6. SIC CODE
274-9290		RHODE IS	SLAND		8839
RIEF DESCRIPTION OF THE CHURACTER OF E	SUSINESS CONDUCTED IN RHO	DE ISLAHO			
arking and otl	her relate	d automotive	services		
	8 . N	AMES AND ADDR	ESSES OF THE OFF	CERS	
ESIDENT HAME			VICE PRESIDENT HAME	•	
Charles S. Mey	ers		None	· · · · · · · · · · · · · · · · · · ·	
28 Luzon Avenu	e		,		
Y	STATE	ZIP CODE	ar	STATE	ZIP CODE
Providence	RI	02906			
	~~·		TREASURER HAME	vore	
Charles S. Mey	612	· · · · · · · · · · · · · · · · · · ·	Charles S. Me	yers	
	Δ.		28 Luzon Aveni	ue	
28 Luzon Avenu	E				
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Providence Providence RECTOR MANE RECTOR M	STATE STATE	O2906 AMES AND ADDR DP.COOE SHARES AUTHOR	Providence ESSES OF THE DIR ORRECTOR HAME None STREET ADDRESS DRECTOR HAME Ilone STREET ADDRESS	STATE R.T.	02906 - ZP-COOE
Providence Pettor name Cone RET ADDRESS Y ECTOR NAME CONE RET ADDRESS Y MUMBER OF SHARES	STATE STATE STATE 1 0 . AUTHORIZED SHARES CLASS/SERES	DP CODE	Providence ESSES OF THE DIR ORRECTOR HAME None STREET ADDRESS DRECTOR HAME Tione STREET ADDRESS GITY HUMBER OF SHARES	STATE R.T. STATE STATE SSUED SHARES CLASS / SERIES	27P.CODE
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Providence Providence Petropiname Pone Petradoress Y Mumber of Shares	STATE STATE STATE 1 0 . AUTHORIZED SHARES CLASS/SERES	DP CODE	Providence ESSES OF THE DIR ORRECTOR HAME None STREET ADDRESS DRECTOR HAME Tione STREET ADDRESS GITY HUMBER OF SHARES	STATE R.T. BECYORS STATE STATE ISSUED SHARES CLASS/SERIES	27P.CODE
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IKlAZ

Check No:

File Date:

Jneck No:

Ву:

For Secretary of State Use Only

1

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.

1 VIEW OF

Signature of Officer

CHARLES MEYERS

Print or Tyge Name of Officer

nsidust

4/29/4

Title of Officer

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

CX # 744 BW

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:		Annual Report for th	199 ie vear:	5	
Corporate ID:METROPARK: L.	TD:				
Business entity organized under the laws of the State of: Rho For foreign entity, address and telephone number of principal	ode_Island office:	Business Entity is [X] Business Co	(check one): rporation (See RIGL Ch Service Corporation (Se		upter 7-5.1)
Phone: (ty in Rhode	_parking	the character of businessand_other_re	elated-	-automotive
Phone: (401) 374 - 9290					
ТН	E NAMES OF TH	IE OFFICERS ARI	E:		
Charles S. Meyers	STREET ADD	∨ €.	Providence,	RI	21P CODE 02906 21P CODE
	STREET ADD	Ave	CHYSTATE Providence,	RI	ZIP CODF 0290 6
TREASURER If It It	STREET ADD		CITY/STATE	11	Z!P CODE
NAME THE	E NAMES OF THE STREET ADD	E DIRECTORS AR	E:		ZIP CODE
NAME	STREET ADD	<u> </u>			
NAME			CITY/STATE		ZIP CODE
NAME	STREET ADD	RESS	CIPY/STATE		ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached))	NUMBER OF SHARE	S ISSUED AND OUTSTA	NDING (Ride	er may be attached)
Number of Shares Class / Series	•	Number of Shares	Class / Scries		
600 0 Common 1/0	PAR	100	Common	No	PAR
Date 12/28	By:	PE NAME OF OFFICER SIGNIN	CHARLES M CHARLES M PRESIDE	EYERS	
Form 31 1/95		TICER SIGNING			
PLEASE NOTE: If the registered office and/or registered a		NT FOR SERVICE			
	Feur maicated octow	is incorrect, round 9 m	ust oc med.		

ALAN T. DWORKIN 164 AIRPORT ROAD

MARMICK

RI 02669

PAID

JNR 27 1995

STOY OF STATE

Payable to 4 Secretary of State

PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

METROPARK LTD. Business Entity is (check one): Federal Tappayer Identification Number: For foreign entity, address and telephone number of principal office: Professional Service Corporation (See RIGL Chapter 7-5.1): Professional Service Corporation (See RIGL Chapter 7-5.1): Professional Service Corporation (See RIGL Chapter 7-5	Corporate ID: 0010275	Annual Report for the year 1994
Syl Business Corporation (See RIGI. Chapter 7-1.1) Professional Service Corporation (See RIGI. Chapter 7-1.1) Professional Service Corporation (See RIGI. Chapter 7-5.1) Professional Service Corporation (See RIGI. Chapter 7-5.1) Control Service	Name of Business Entity:	METROPARK LTD
XI Business Corporation (See RIGI. Chapter 7-1.1) Findest Transport Identification Number	Rho	de Island Business Entity is (check one)
For foreign entity, address and telephone number of principal office.	Business entity organized proof the taws of the State of	
Name, title and mailing address of contact person to whom continuous attentions may be directed. All and T. Dours Kin. Esquire 1164 Airpore Road Marwick, RI 02889 Address and telephore of the principal office of business entity in Rhode Island (Provide states address Not 10 Bits) 56 PINE TREET PROVIDENCE RI 02906 Phone (Ho) 274-9390 THE NAMES OF THE OFFICERS ARE: THE NAM	Federal Taxpayer Identification Number:	
Phone () Address and tecphore of the principal office of business entity in Rhode Island Provide street address Not PO (Bin) SC PINE TREET PROVIDENCE RI 03906 THE NAMES OF THE OFFICERS ARE: STREET ST	For foreign entity, address and telephone number of principal o	1 1 2 2
Phone () Address and te cephore of the principal office of husiness entity in Rhode Island (Provide street address No. P.O. B.) Address and te cephore of the principal office of husiness entity in Rhode Island (Provide street address No. P.O. B.) Address and te cephore of the principal office of husiness entity in Rhode Island (Provide street address No. P.O. B.) Address and te cephore of the principal office of husiness entity in Rhode Island (Provide attention to the character of husiness conducted in Rhode Island: parking and other related automotive services services. Phone (HO): 274-990 THE NAMES OF THE OFFICERS ARE: THE NAMES OF THE DIRECTORS ARE: THE NAMES OF THE DIRECTOR		
Address and tecephore of the principal office of business entity in Rhode Island: State Private Street address Not PO Bins)		
Address and telephore of the principal office of business entity in Rhode Island (Provide street address Not PO Bix) State of PINE STREET Phone 440 1 274-9390 THE NAMES OF THE OFFICERS ARE: VIET ANDRESS OF THE DIRECTORS ARE: VIET ANDRESS OF THE OFFICE ARE THE OFFICE		164 Airport Road
Bland (Provide street address Not PO Bits) SC PINE TREET PROVIDENCE RI 02006 Phone (401) 2.74-9290 THE NAMES OF THE OFFICERS ARE: VIRETABLESS Date of Qualification to do business in Rhote Island (of foreign entity): THE NAMES OF THE OFFICERS ARE: VIRETABLESS OF THE OFFICERS ARE: VIRETABLES OF THE OFFICERS ARE: VIRETABLESS OFFICERS OFFICERS ARE: VIRETABLESS OFFICERS OFFI	Phone: ()	<u> Warwick, RI 02889 </u>
THE NAMES OF THE OFFICERS ARE: CHILDERIC STREET Date of Organization B/32/82 Date of Organization B/32/82	Addrass and telephone of the principal office of business entity	ia Rhode
PRIOR LANGE OF THE OFFICERS ARE: THE NAMES OF THE OFFICERS AR	· _	Brief statement of the character of business conducted in Rhode Island:
Date of Organization. 8/30/82 Date of Organization. 8/30/82 Date of Qualification to do business in Rhote Island (if foreign entity): THE NAMES OF THE OFFICERS ARE: VIETA ANDREAS THE NAMES OF THE OFFICERS ARE: VIETA ANDREAS THE NAMES OF THE OFFICERS ARE: VIETA ANDREAS DESCRIPTION ACCURATE ANDREAS THE NAMES OF THE DIRECTORS ARE: VIETA ANDREAS VIETA ANDREAS CONTAIN THE NAMES OF THE DIRECTORS ARE: VIETA ANDREAS CONTAIN THE NAMES OF THE DIRECTORS ARE: VIETA ANDREAS CONTAIN THE NAMES OF THE DIRECTORS ARE: VIETA ANDREAS VIETA ANDREAS CONTAIN THE NAMES OF THE DIRECTORS ARE: VIETA ANDREAS VIETA ANDREAS CONTAIN THE NAMES OF THE DIRECTORS ARE: VIETA ANDREAS VIETA ANDREAS CONTAIN THE NAMES OF THE DIRECTORS ARE: VIETA ANDREAS VIETA ANDREAS VIETA ANDREAS CONTAIN THE NAMES OF THE NAMES OF THE OPEN ARE VIETA ANDREAS CONTAIN THE NAMES OF THE OPEN ARE VIETA ANDREAS VIETA ANDREAS VIETA ANDREAS CONTAIN THE NAMES OF THE OPEN ARE VIETA ANDREAS CONTAIN THE NAMES OF THE OPEN ARE VIETA ANDREAS CONTAIN THE NAMES OF THE OPEN ARE VIETA ANDREAS CONTAIN THE NAMES OF THE OPEN ARE VIETA ANDREAS CONTAIN THE NAMES OF THE OPEN ARE VIETA ANDREAS CONTAIN THE NAMES OF THE OPEN ARE VIETA ANDREAS CONTAIN THE NAMES OF THE OPEN ARE VIETA ANDREAS CONTAIN THE NAMES OF THE OPEN ARE VIETA ANDREAS CONTAIN THE NAMES OF THE OPEN ARE VIETA ANDREAS CONTAIN THE NAMES OF THE OPEN ARE VIETA ANDREAS CONTAIN THE NAMES OF THE OPEN ARE VIETA ANDREAS CONTAIN THE NAMES OF THE OPEN ARE VIETA ANDREAS CONTAIN THE NAMES OF THE OPEN ARE VIETA ANDREAS CONTAIN THE	· 	<u>pa</u> rking and <u>other related a</u> utom <u>otive</u>
Date of Qualification to do business in Rhoule Island (if foreign entity): Commensation	PROVIDENCE, RI 07	906 <u>services</u>
THE NAMES OF THE OFFICERS ARE: CHIEF LANGE SCHOOL PROVIDE CONTROL PROVIDER PROVIDER		
Comprehense Parsona	Phone (401) 274-9290	Dute of Qualification to do business in Rhode Island (if foreign entity):
Comparison Parsider and Street and Avenue Providence R1 O290	The second	NAMES OF THE OFFICERS ARE.
CLASS Common CLASS Common CLASS Common SERIES PAR VALUE OR Without par Without par Without par Without par Without par Date 2/15 19 94 By: Waretabures SIRIET ADDRESS CONSTAND STRIET ADDRESS CONSTAND STRIET ADDRESS CONSTAND CO	C CHIEF EXECUTIVE OFFICER ON PARTSIDENT (CHARLOW)	STREET ADDRESS CHYSTATE 71FC00
CLASS Common CLASS Common CLASS Common SERIES PAR VALUE OR Without par Without par Date 2/15 19 94 By: CHARLES SUMMAR AVENUE PROVIDERS (SAME) STRICT ADDRESS CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CLASS Common SERIES PAR VALUE OR Without par WITHOUT PAR WITHOUT PAR WITHOUT PAR MEYERS PRINT OR THE NAME DEPONCE SAMES PAR VALUE OR WITHOUT PAR WITHOUT PAR MEYERS PRINT OR THE NAME DEPONCE SAMES COMMON COMMO	Charles S. Meyers 2	3 Luzon Avenue, Providence RI 02903
THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS: NUMBER OF SHARES AUTHORIZED (If Applicable): NUMBER 6000 CLASS COMMON SERIES PAR VALUE OR WITHOUT PAR Date 22 LUZON AVENUe. Providence. RI 77FCH STREET ADDRESS: NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable): NUMBER 100 CLASS Common CLASS Common SERIES PAR VALUE OR WITHOUT PAR Date 27 15 19 94 By: CHARLES MEYERS PRINTOR TYPENARL DE OFFICIAL SCIENCE. PRINTOR TYPENARL DE OFFICIAL SCIENCE. PRINTOR TYPENARL DE OFFICIAL SCIENCE. PRESS OFFICE PRESS OFFIC		
THE NAMES OF THE DIRECTORS ARE: STRIET ADDRESS CONSTATE NAME STRIET ADDRESS CONSTATE NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES SUED AND OUTSTANDING (If Applicable) NUMBER OF SHARES SUED AND OUTSTANDING (If Applicable) NUMBER 100 CLASS Common CLASS Common SERIES PAR VALUE OR WITHOUT PAR Date 2/15 19 94 By:		
THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYOTATE ZIPCOS NAME STREET ADDRESS CITYOTATE ZIPCOS NAME STREET ADDRESS CITYOTATE ZIPCOS NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER 600	harles S. Mevers 2 Giografication (Entreasurem common 2	2 Luzon Avenue, Providence, RI 02903 STREET ADDRESS CITYSTATE 70000
NAME STRIET ADDRESS OTYMTATE NAME STRIET ADDRESS OTYMTATE ZEPCOL NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER 100 CLASS Common CLASS Common SERIES PAR VALUE OR WITHOUT PAR Date 2/15 19 94 By: CHARLES PRISTOR TYPENAME DE OFFICES SERIES		<u> </u>
NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER 600		
NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER 100 CLASS Common SERIES PAR VALUE OR Without par WITHOUT PAR WITHOUT PAR Date 2/15 19 94 By: CHARLES MEYERS PRINT OR TYPE NAME DE OPTERES WINNES	Name	NIRERT ADDRESS CITYATATE ZEPCON
NUMBER 6000 CLASS Common CLASS Common SERIES PAR VALUE OR Without par WITHOUT PAR Date 2/15 19 94 By: CHARLES MEYERS PRISTOR TYPENAME DE OPTICES SERVING	NAME	STREET ADDRESS CONVENTATE ZEPCON
NUMBER 6000 CLASS Common CLASS Common SERIES PAR VALUE OR Without par WITHOUT PAR Date 2/15 19 94 By: CHARLES MEYERS PRINT OR TYPE NAME DE OPTICLE SERVING	NUMBER OF SHARES ALITHORIZED (If A policiphia)	SUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
CLASS COMMON CLASS COMMON SERIES PAR VALUE OR WITHOUT PAR Date 2/15 19 94 By: CHARLES MEYERS PRINT OR TYPE NAME DE GENERAL SERVICE PRINT OR TYPE NAME DE GENERAL SERVICE	NEMBER	NO MORE DE LA COLONIA DE LA CO
SERIES PAR VALUE OR WITHOUT PAR Date 2/15 19 94 By: CHARLES MEYERS PRINT OR TYPE NAME DE GHICLE SERVICE	0000	100
PAR VALUE OR WITHOUT PAR WITHOUT PAR WITHOUT PAR WITHOUT PAR Date 2/15 19 94 By: CHARLES MEYERS PRINT OR TYPE NAME DE GHICLES SENSONS	CLASS Common .	I i
Date 2/15 19 94 By: WITHOUT PAR CHARLES MEYERS PRINT OF TYPE NAME DE GHICLES SENTING PRIST OF TYPE NAME DE GHICLES SENTING PRIST OF TYPE NAME DE GHICLES SENTING	SERIES	SERIËS
PRINT OR TYPENAME DE OPTICES SERVICES PRES I DENT	MICHOUL DAT	WICHOUL DOI
PRESIDENT	Date2/15	By Charles Duyer
PRESIDENT		CHARLES MEYERS
TITUELOF OFFICER SIGNING		the state of the s
	DESIGNATED REGISTER	RED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

ALAN T. DWORKIN 164 AIRPORT ROAD WARWICK RI 02569 15. Dra Par 279

Form 31 1/85

State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 4543

Corporate ID 0010	273	K	Annual R	epor	t for the yea	ır1993	
FIRST: The name of t	he corporation is	ͺͺͺ MΕ	TROPARK	LTI	D.,		*******
				· . · .		1	
	orated under the laws of		•	. •			
planning, and deal facilities and dev	business, briefly stated, is ing in every mann ices related ther	er wit	h parki	ng s	lots and	d motor vehi	cles
FOURTH: If foreign co	orporation, address of its p	rincipal (office	•••••	•••••	•••••••••••••••••••••••••••••••••••••••	•••••
Fifth: Business addre	ess in Rhode Island	•••••		· · · · · · · · · · · · · · · · · · ·			
56 Pine Street,	Providence, RI	02903	.,,		• • • • • • • • • • • • • • • • • • • •	************************	**********
Sixth: Names and ad	dresses of its directors and	i officers	:			(Attach rider if n	ecessarv)
Name	Office		Ade	dress (ii	ncluding number,	, street, zip code)	•
	Director	••••••	•••••	•••••		******************************	••••
	Director	•••••	•••••••••••••••••••••••••••••••••••••••	•••••	•••••	•••••	•••••
	Director	*******	····	<u>.</u> :		•••••	
Charles S. Meyers	President	********	194 Cha	ice	Avenue,	Providence,	, RI
	Vice Preside	ent		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	••••••	**********
Charles S. Meyers	Secretary	********	194 Cha	ice.	Avenue.	Providence,	RI
tt tt tt	Treasurer	*****	11 11			ts	11
SEVENTH: Number of	Shares authorized:					Par Value	
No of Shares	Class		Series			or statement that shares are without par value	
600	Common					w/o par	
			,		ر ؛		
EIGHTH: Number of S	shares issued:		FEI	11:	2 1993	Par Value or statement that	
No. of Shares	Class				STATE	shares are without par value	
100	Common					w/o par	
Dated 1/29	19 9.3		1ETROPAR	RΚ.,	LTD.		*******
		(Name of Ge	rporation)	1		7	
		Ву	/ The	<u> </u>	-//	my	
(Report must be sign	ed by an officer)	Title	1/2	4	recet	*,,*,,,*,,	*********

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID		Annual Report for		
FIRST: The name of	the corporation is	METROPASK LT	p	
SECOND: It is incorp	oorated under the laws of.			
	business, briefly stated, is dealing in every	owning, leasing, and manner with parking	nd/or opera g lots and	iting, design- motor vehicles
FOURTH: If foreign of	corporation, address of its	principal office	•••••••••••••••••••••••••••••••••••••••	······································
FIFTH: Business add	ress in Rhode Island			
56 Pine Street, Pr	ovidence, RI 029	903	•••••••••••	
SIXTH: Names and a	addresses of its directors ar		(Attacl	h rider if necessary)
	Director			
	Director		•••••	
	Director		•••••	
Charles S. Meyers	President	194 Chace Avenue	, Providenc	ce, RI
	Vice Presi	dent	••••••	······
Charles S. Meyers	Secretary	194 Chace Avenue	, Providenc	ce, RI
0 11 11	Treasurer	14 (1 (1	11	11
SEVENTH: Number of	of Shares authorized:			Value
No. of Shares	Class	Series	shares a	ment that re without value
600	Common	PAID	w/c	
		FEB 2 0 1992		
EIGHTH: Number of	Shares issued:	SLCY OF STATE	=-	Value ment that
No. of Shares	Class	Series		re without value
100	Common		w/o	par
Dated 2/10	19 92	METROPARK, LTD.	······································	
		By Maile	Lugar	
(Report must be sig	gned by an officer)	Title Presiden	<i>s</i> -	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

oorate ID0010	273	Annual Report for	the year1.용명1	· · · · · · · · · · · · · · · · · · ·
FIRST: The name of the c	orporation is	METRUPARK ETO	any note in Europe of a series way have	
;		₽N ¢	•	
SECOND: It is incorporate	d under the laws of	Rhode Island	•	*******
	ness, briefly stated, is	owning, leasing, ar	nd/or operating rking lots and r	, des
FOURTH: If foreign corpo	ration, address of its pr	rincipal office		······
FIFTH: Business address in	Rhode Island			
56 fine Street,	Providence, RI O	2903		•••••
SIXTH: Names and address	sses of its directors and		(Attach rider if g number, street, zip code)	necessary
•••••••••••••••••••••••••••••••••••••••	Director			• • • • • • • • • • • • • • • • • • • •
	Director			
••••••••••••••••••••••••••••••	Director	••••••••••		•••••
Charles S. Meyers	President	194 Chace Avenue,		
	Vice Preside	ent		
Charles S. Meyers	Secretary	194 Chace Avenue,		
tt tt ti	Treasurer	11 11 11	11 11	1
SEVENTH: Number of Sha			Par Value or statement that	•
No. of Shares	Class	(D. Series	shares are without par value	
600	Common	CECY OF STATE	w/o par	:
EIGHTH: Number of Share	es issued:	F. ST. 1991	Par Value or statement that	
No. of Shares	Class	Solle	shares are without par value	
100	Common		w/o par	
d2/13		METROPARK, LTD.		
		Name of Corporation)	Trum.	
		sy (waite.	1 1/1/1/1/1 1 m	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00102	73	Annual Report for the year	1990
FIRST: The name of	the corporation is	METROPARK LTD.	
SECOND: It is incorp	orated under the laws of	Rhode Island	
THIRD: Character of ing, planning an vehicles, facil	business, briefly stated, is nd dealing in ever ities and devices	owning, leasing, and/or y manner with parking lo related thereto.	operating, design ts and motor
FOURTH: If foreign of	corporation, address of its pr	rincipal office	
Fifth: Business addi	ess in Rhode Island		
164 Airport Road	d, Warwick, RI 02	889	······
SIXTH: Names and a	ddresses of its directors and	Officers: Address (including number, s	(Attach rider if necessary)
	Director		•••••
	Director		
	Director		
Charles S. Meye	rs President	194 Chace Avenue, Prov	ridence, RI
	Vice Preside	ent	•••••
Charles S. Meye	rs Secretary	194 Chace Avenue, Prov	ridence, KI
11 11 11	Treasurer	11 11 11	•• • ₁
SEVENTH: Number o	f Shares authorized:		Par Value or statement that
No. of Shares	Class	Scries	shares are without par value
600	Common	PAID	w/o par
EIGHTH: Number of	Shares issued:	FEB 15 %50	Par Value
No. of Shares	Class	SEC". OF STATE	or statement that shares are without par value
100	Common		w/o par
Dated 1/31	19 <u>90</u>	METROPARK, LTD.	
		3v houle he	we
(Report must be sig		Title Presentent	
Form 31 1/85			

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0010273		Annual Report for the year 1999 Orly			
FIRST: The name of the	he corporation is				
SECOND: It is incorpo	rated under the laws of	Rhode Island			
ing, planning ar	d dealing in ever	owningleasingand/ y manner with parkir related thereto	ng lots and motor		
FOURTH: If foreign co	orporation, address of its pr	rincipal office	•••••••••••••••••••••••••••••••••••••••		
FIFTH: Business addre	ess in Rhode Island				
164 Airpo	ort Road, Warwick,	RI	·····		
SIXTH: Names and ad	dresses of its directors and		(Attach rider if necessary)		
	Director		•••••		
	Director				
	Director		······		
Charles S. Meyers	President	194 Chace Avenue,	Providence, RI		
	Vice Preside	ent			
Charles S. Meyers	Secretary	194 Chace Avenue,	Providence, RI		
177 89 19 	Treasurer	11 11 11	,,		
SEVENTH: Number of	Shares authorized:		Par Value		
No. of Shares	Class	Series	or statement that shares are without par valu e		
600	Common	PAIU	w/o par		
EIGHTH: Number of S	Shares issued:	JUN 1 2 1989	Par Value or statement that shares are without		
No. of Shares	Class	SEC'Y OF STATE	par value		
100	Common		w/o par		
Dated 5/25	1 9 89	METROPARK, LTD.			
	E	By Clarkes	huye		
(Report must be sign	ned by an officer)	Title Presiden	+ "		

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID 102	273	An	nual Report for	the year 1988
FIRST: The name	of the corporation is	METROPARK,	LTD,	
SECOND: It is inco	orporated under the laws	of Rhode Is	land	
ing, planning	g and dealing in	every manner	r with park	or operating designing lots and motor
FOURTH: If foreig				······································
FIFTH: Business ad				ick, RI
SIXTH: Names and	d addresses of its director	rs and officers:	Address (including	(Attach rider if necessary
	Direct	or.	5	
Charles S. Meyer	:sPresid	ent 194 Chac	ceAvenue.,	Providence, RI
	Vice P	resident		······································
Charles S. Meyer	Secret	ary 194Chad	eAvenue.,	Providence, RI
11 11	Treasu	irer !!!!	11	11 11
	r of Shares authorized:			Par Value or statement that shares are without
No. of Shares	Class		Series .	par value
600	Common	PAID		w/o par
Еіднтн: Number	of Shares issued:	OCT 2.5 1988		Par Value
No. of Shares	Class	EC'Y OF STATE	ž Šeries	or statement that shares are without par value
100	Common			w/o par
DatedOctober	19 8.8	METROPAE		huy.
(Report must be	signed by an officer)	Title Pre	esident	/-

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID10273		Annual Report for the	year 1987
First: The name	of the corporation isMETR	OPARK LID	······································
SECOND: It is inco	orporated under the laws of	Rhode Island	•••••••••••••••••••••••••••••••••••••••
designing, pl	anning and dealing i	.owning, leasing and/ in every manner with nd devices related th	parking lots
FOURTH: If foreig		rincipal office	
FIFTH: Business ac			
16	.4AirportRoad,Warı	wick., RI 02889	······
SIXTH: Names and Name	d addresses of its directors and		(Attach rider if necessary) imber, street, zip code)
	Director		
	Director		······
	Director		
	zersPresident	194 Chace Avenue, P	
_		ent	
	ver.sSecretary		
-	Treasurer		ti ti
SEVENTH: Numbe	r of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
600 .	Common	PAID	w/o par
_		JUN 25 1987	
Eighth: Number	of Shares issued:	SECY. OF STATE	Par Value or statement that
No. of Shares	Class	Series Series	shares are without / por value / .
100	Common		w/o parjun 26 199
Dated		METROPARK, L	TD\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		(Name of Corporation) By	huyen
(Report must be	signed by an officer)	TitlePresident	Υ

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID 10273			Annual Report for the year1986.				
FIRST: The name	e of the corporation	isMETRO	PARK LTD.				
			Rhode Island sowning, leasing and/or operating in every manner with parking				
designing, p lots and mot	lanning and o or vehicles,	dealing ir facilitie	n every mani es and devic	ner with paces relate	arking d thereto.		
FIFTH: Business	address in Rhode Is	sland					
63 Sockanosset	Cross Road, (Cranston,	Rhode Isla	nd 02920			
	nd addresses of its o		officers:	ddress (including numl	(Attach rider if necessary)		
••••	••••	Director	***************************************	***************************************	••••••		
	·····	Director		***********	······		
	••••••	Director	******************************	••••••			
Charles S. Meye	rs	President	194 Chace	e Ave., Pr	ovidence, RI		
Charles S. Meye					ovidence, RI		
it it it		J	11 11	······································	11 11		
Seventh: Numb	er of Shares author	rized:			Par Value or statement that		
No. of Shares	Class	02/10/86	Series		shares are without par value		
600	Common	0/86			98 0 /o par		
Eighth: Numbe	r of Shares issued:	FAID		MAR 3	Par Value or statement that		
No. of Shares	Class		Series	M	shares are without par value		
100	Common	0241A001	₽ NSE	•	w/o par		
Dated	19		METROPARK,	LTD.	· · · · · · · · · · · · · · · · · · ·		
(Report must b	pe signed by an officer)		leP.resident		γ		

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID.	10273	······	Annual Report for the year 1985				
First:	The name of the	name of the corporation is METROPARK LTD.					
SECOND:	It is incorpora		Rhode Island	Rhode Island			
THIRD: design and mo	Character of but ling, planni otor vehicle	siness, briefly stated, is ing and dealing es, facilities a	owning, leasing and/oin every manner with pand devices related the	or operating parking lots ereto			
Fourth:	If foreign corp	oration, address of its p	rincipal office				
Г ІГТН:	Business address	in Rhode Island					
63 Socka	mosset Cros	s Road, Cransto	n, Rhode Island 02920				
Sixth:	Names and address	esses of its directors and	l officers: Address (including num	(Attach rider if necessary			
***************************************	•••••••	Director					
	•••••••••••••••••••••••••••••••	Director		•••••••••••••••••••••••••••••••••••••••			
*************************************	•••••	Director		••••••			
Charles S	. Meyers	President	194 Chace Ave, Provi	dence, RI			
	·····	Vice Preside	ent				
Charles S	. Meyers	Secretary	194 Chace Ave, Provi	dence, RI			
11 · • • •		Treasurer	11 11 11 11	ł1			
Seventh:	Number of Sh	ares authorized:		Par Value or statement that			
No. of Sha	res	Class	Series	shares are without par value			
600		Common		w/o par			
Еібнтн:	Number of Sha	res issued:		Par Value or statement that			
No. of Sha	res	Class	Series	shares are without par value			
100		Common		w/o par			
Dated	2 28	19 85	METROPARK, LTD.				
	_ ~	36.4	Name of Compration) By Walli hu	yeu			
(Rej	port must be signed	YOU WAR	Title President	<i>T</i>			

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

			Annual R	eport fo	r the year	1984		
First:	The name of the	corporation	is METE	ROPARK	LTD.		**** 1 191 78	
							11 1001-9	
SECOND:	It is incorpora	ited under th	e laws of	Rhode	Island		()	
THIRD:	Character of burplanning and cles, facility	siness, briefly dealing i	stated, is n every	ownii Danner	ng, leas: r with pa	ing and/ arking 1	or operatin	g
Fourth:	If foreign co	rporation, ad	dress of i	ts princ	cipal office			
FIFTH:	Business addres	s in Rhode I	sland (bl	ank rep	orts will b	e mailed t	to this	
iddress) 6	3 Sockanosset	Cross Roa	d, Crans	ston,	Rhod <u>e</u> Is	land 029	20	
SIXTH:	Names and add	lresses of its	directors	and off	icers:			
		t include street a		•				
1	Name	Office	:		Address			
		Director	1					
		Director						
Charles S.	Meyers		194. (Chace .	Avenue,	Providen	ceRI	
	-	Vice Presid						
	Meyers			Chace	Avenue,	Providen	ce RI	
Charles S.	Meyers	Treasurer	i		Avenue,		•	
SEVENTE	i: Number of	Shares author	rized:			Par Value		
No. of Shi		Class		Series	sì	er statement ti tares are with par value	out	
600		Common				w/o par	value	
Еіднтн	: Number of S	Shares issued	:		,	Par Value	hat	
No. of Sh	ares	Class		Series	s	hares are with par value	nout	
100			2 ,			w/o par	value	
Dated: Fe	bruary			ROPARK f Corpodat	12 -/		·	
	SM	ָ ר		Presid		eyee		
			· <u> •</u>	port mus	t be signed	by an office	r)	
								

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Aliade Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983 METROPARK, LTD. FIRST: The name of the corporation is SECOND: It is incorporated under the laws of Rhode Island THIRD: Character of business, briefly stated, is owning, leasing and/or operating, designing, planning and/dealing in every manner with parking lots and motor vehicles, facilities and devices related thereto. FOURTH: If foreign corporation, address of its principal office FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 63 Sockanosset Cross Road, Cranston, RI 02920 SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Office Address Director Director Director 194 Chace Avenue, Providence, RI Charles S. Meyers President Vice President Charles S. Meyers Secretary Charles S. Meyers Treasurer (If additional space is needed, attach rider) SEVENTH: Number of Shares authorized: Par Value statement that No. of Shares Class Series w/o par value 600 Common Par Value or statement that shares are without par value EIGHTH: Number of Shares issued: No. of Shares Series 2 . w/o par value 100 Common 21 63 i. METROPARK, LTD. 1983 Dated: MAR 141983 President (Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation: Division for information. 277-3040