



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number 000040362		2. Exact name of the Corporation Federal Parking Corporation												
3. Principal Office Address 180 Inman Avenue			City Warwick	State RI	Zip 02886									
4. NAICS Code 812930		6. Brief description of the character of business conducted in Rhode Island Parking Lot												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name James F Dugan			Vice-President Name											
Street Address 180 Inman Avenue			Street Address											
City Warwick	State RI	Zip 02886	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 ☐														
Director Name James F Dugan			Director Name											
Street Address 180 Inman Avenue			Street Address											
City Warwick	State RI	Zip 02886	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. <u>8,000</u> Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	1.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	1.00												
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 James F Dugan				Date <u>1/29/2021</u>										
Signature of Authorized Representative 				FILED KM										

FEB 04 2021

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