



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.

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|---|-------------|--|---------------------------------|-------------------|--|
| 1. Entity ID Number 000016621 | | 2. Exact name of the Corporation Wayland Square Parking Corporation | | | |
| 3. Principal Office Address 230 Waterman st. | | | City Providence, R.I. | State RI | Zip 02906 |
| 4. NAICS Code 44-45 <i>451790</i> | | 6. Brief description of the character of business conducted in Rhode Island Parking Lot | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Rena Abels | | | Vice-President Name N/A | | |
| Street Address 9 Wayland Sq. | | | Street Address | | |
| City Providence | State RI | Zip 02906 | City | State | Zip |
| Secretary Name Mark Russell | | | Treasurer Name Rena Abels | | |
| Street Address 230 Waterman St. | | | Street Address 9 Wayland Sq. | | |
| City Providence | State RI | Zip 02906 | City Providence | State RI | Zip 02906 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name Rena Abels | | | Director Name | | |
| Street Address 9 Wayland Sq. | | | Street Address | | |
| City Providence | State RI | Zip 02906 | City | State | Zip |
| Director Name Mark Russell | | | Director Name | | |
| Street Address 230 Waterman st. | | | Street Address | | |
| City Providence, R.I. | State RI | Zip 02906 | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 135 | | | \$100.00 |
| | | | | | |
| 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 Mark Russell | | | | Date 2/23/2021 | |
| Signature of Authorized Representative <i>Mark Russell</i> | | | | | |

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov