



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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STATE
RI DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000016621		2. Exact name of the Corporation Wayland Square Parking Corporation			
3. Principal Office Address 210 Taunton Ave.			City East Providence,	State R.I.	Zip 02914
4. NAICS Code 454390		6. Brief description of the character of business conducted in Rhode Island Operating a public 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 Mark Russell		
Street Address 9 Wayland Sq.			Street Address 210 Taunton Ave.		
City Providence	State RI	Zip 02906	City East Providence	State RI	Zip 02914
Secretary Name Mark Russell			Treasurer Name Rena Abels		
Street Address 210 Taunton Ave			Street Address 9 Wayland Sq.		
City East Providence	State RI	Zip 02914	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			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 135		CLASS/SERIES
			PAR VALUE \$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 July 15, 2022	
Signature of Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

AUG 24 2022
BY MR VP622

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FORM 630 - Revised: 11/2021