

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2023

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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a	)'	2	$\circ$	En Ott (

Entity ID Number	2. Exact nan	2. Exact name of the Corporation								
000040362	Federal	Federal Parking Corporation								
3. Principal Office Address		City	, <u>, , , , , , , , , , , , , , , , , , </u>	State	Zip					
180 Inman Avenue	Warwick		RI	02886						
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island								
812930	Parking l	Parking Lot								
5. State of Incorporation										
Rhode Island	l l									
7. List ALL officers (names and a	iddresses)				the box to	indicate an attachment 🗖				
President Name James F Dug	Vice-President Name									
Street Address 180 Inman Av	Street Address									
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	City	City		Zip				
Secretary Name	Treasurer Name									
Street Address	Street Address									
City	State	Zip	City		State	Zıp				
8. List ALL directors (names and	addresses)	<u> </u>	_1	Check	the box to	indicate an attachment				
Director Name James F Duga	<u>'</u>		Director Name							
Street Address 180 Inman Av	Street Address									
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	City		State	Zip				
Director Name	Director Name									
Street Address	Street Address									
City	State	Zip	City	<u> </u>	State	Zip				
9. Shares Authorized	. Shares Authorized		10. Shares Issued			Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF	SHARES	CLASS/SERIE:	CLASS/SERIES PAR VALUE					
,		100		Common		1.00				
Changes require an additional filir										
11. This report must be executed					ration is in	the hands of a receiver or				
trustee, this report must be exec Under penalty of perjury, I dec					manuiss :	chadulas and				
statements, and that all staten	nents contained			ncruonig any accon	ipunying s					
Name of Authorized Representative Date										
James F Dugan //28/202										
Signature of Authorized Regress	entative				<del>-7</del>					
<del></del>										

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov