



State of Rhode Island  
Department of State - Business Services Division

**FILED**

Annual Report for the year: **2023**  
Corporation

MAR 14 2023  
BY 2300

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>936481</b>		2. Exact name of the Corporation <b>The Moped Man, Inc.</b>	
3. Principal Office Address 435 Water Street		City New Shoreman	State RI
		Zip 02807	
4. NAICS Code <u>552284</u>	6. Brief description of the character of business conducted in Rhode Island Rental of moped bikes, bicycles, etc.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Willis N. Brown, III <span style="float: right;">(W/NB III)</span>		Vice-President Name Velaine Pfund	
Street Address <del>435 Water Street</del> Po Box 11069		Street Address 22 Frederick Court	
City New Shoreman Houston	State TX	City Montauk	State NY
Secretary Name Melissa Ewers		Treasurer Name Melody Floyd	
Street Address 8307 Anglers Pointe Drive		Street Address 1404 Cobblestone Court	
City 8307 Anglers Pointe Drive	State FL	City Middle Island	State NY
Zip 33637		Zip 11953	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Willis N. Brown, Jr. <span style="float: right;">(W/NB II)  CHECKER NO LONGER ON BOARD</span>		Director Name Melody Floyd	
Street Address <del>435 Water Street</del>		Street Address 1404 Cobblestone Court	
City New Shoreman	State RI	City Middle Island	State NY
Zip 02807		Zip 11953	
Director Name Stacey Rowland		Director Name Melissa Ewers	
Street Address 3 Islandview Road		Street Address 8307 Anglers Pointe Drive	
City Cohoes	State NY	City 8307 Anglers Pointe Drive	State FL
Zip 12042		Zip 33637	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 5000	CLASS/SERIES No
			PAR VALUE No
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. <b>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.</b>			
Name of Authorized Representative Willis N. Brown, III., President		Date 2-7-2023	
Signature of Authorized Representative <u>W N Brown III</u>			

MAIL TO:  
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