



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019
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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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 AUG 21 P 3:23

1. Entity ID Number <u>000126464</u>		2. Exact name of the Corporation <u>Valet Connection Inc.</u>			
3. Principal Office Address <u>51 Centerville Road</u>		City <u>North Kingstown</u>		State <u>RI</u>	Zip <u>02852</u>
4. NAICS Code <u>126144</u>		6. Brief description of the character of business conducted in Rhode Island <u>valet parking</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Karen West</u>			Vice-President Name <u>N/A</u>		
Street Address <u>51 Centerville Road</u>			Street Address		
City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City	State	Zip
Secretary Name <u>N/A</u>			Treasurer Name <u>N/A</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		CLASS/SERIES
			100		STK
					PAR VALUE
					0.0
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. <u>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.</u>					
Name of Authorized Representative <u>Karen West</u>					Date <u>8/14/23</u>
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:
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Website: www.sos.ri.gov