



Department of State - Business Services Division

Annual Report for the year: **2024**  
 Corporation

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

REC'D RIDOS BSI  
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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 <b>532284</b>		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			Vice-President Name Velaine Pfund		
Street Address P.O. Box 11069			Street Address 22 Frederick Court		
City Houston	State TX	Zip 77293	City Montauk	State NY	Zip 11954
Secretary Name Melissa Ewers			Treasurer Name Melody Floyd		
Street Address 8307 Anglers Pointe Drive			Street Address 4419 Olive Field Court		
City Temple Terrace	State FL	Zip 33637	City Richmond	State TX	Zip 77469
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, III			Director Name Melody Floyd		
Street Address P.O. Box 11069			Street Address 4419 Olive Field Court		
City Houston	State TX	Zip 77293	City Richmond	State TX	Zip 77469
Director Name Stacey Rowland			Director Name Melissa Ewers		
Street Address 3 Islandview Road			Street Address 8307 Anglers Pointe Drive		
City Cohoes	State NY	Zip 12047	City Temple Terrace	State FL	Zip 33637
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		5000			0.01
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 Willis N. Brown, III., President <i>W N Brown III</i>				Date 04-16-24	
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

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