



State of Rhode Island

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 936481		2. Exact name of the Corporation The Moped Man, Inc.	
3. Principal Office Address 435 Water Street		City New Shoreman	State RI
4. NAICS Code 532284		Zip 02807	
5. State of Incorporation Rhode Island		6. Brief description of the character of business conducted in Rhode Island Rental of moped bikes, bicycles, etc.	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	City Montauk	State NY
Zip 77293		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	City Richmond	State TX
Zip 33637		Zip 77469	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	City Richmond	State TX
Zip 77293		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	City Temple Terrace	State FL
Zip 12047		Zip 33637	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 5000	CLASS/SERIES 0.01
			PAR VALUE 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		Date 04-16-24	
Signature of Authorized Representative <i>Willis N. Brown, III</i>			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govAPR 26 2024
BY *928v2*

FORM 630 - Revised: 08/2020