



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FILED
MAY 24 2024
BY 71010

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001661262		2. Exact name of the Corporation US Valet, Inc.			
3. Principal Office Address 17 Cocasset Street, Suite 6-5			City Foxborough	State MA	Zip 02035
4. NAICS Code 812930		6. Brief description of the character of business conducted in Rhode Island Valet and parking management.			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Jason R. Winpenny			Vice-President Name		
Street Address 8 Kimball Avenue			Street Address		
City Foxborough	State RI	Zip 02919	City	State	Zip
Secretary Name Jason R. Winpenny			Treasurer Name Jason R. Winpenny		
Street Address 8 Kimball Avenue			Street Address 8 Kimball Avenue		
City Foxborough	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Jason R. Winpenny			Director Name		
Street Address 8 Kimball Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 153.85	CLASS/SERIES Common Shares	PAR VALUE 0.01 par value
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.					
<i>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.</i>					
Name of Authorized Representative Jason R. Winpenny					Date 5/1/2024
Signature of Authorized Representative					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov