



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation

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

FILED
STAMP
JUL 18 2024
BY *[Signature]* 6000
FOR SECRETARY OFFICE USE ONLY

1. Entity ID Number 000010273		2. Exact name of the Corporation METROPARK, LTD.			
3. Principal Office Address 1 Turks Head Place, Suite 1309			City Providence	State RI	Zip 02903
4. NAICS Code 237310		6. Brief description of the character of business conducted in Rhode Island Parking and related automotive services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Meyers			Vice-President Name		
Street Address 1 Turks Head Place, Suite 1309			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Charles Meyers			Treasurer Name Charles Meyers		
Street Address 1 Turks Head Place, Suite 1309			Street Address 1 Turks Head Place, Suite 1309		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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
			1		Common
			99		Common
			PAR VALU		None
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 Robert M. Brady, Agent for Service				Date 7/16/2024	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov