RI SOS Filing Number: 202564387850 Date: 2/3/2025 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division					FILED FEB 0 3 2025			
Annual Report for the year: 3035				FEB 03 2023				
Corporation 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 000040362		2. Exact name of the Corporation Federal Parking Corporation						
3. Principal Office Address 180 Inman Ave			City Warwii	ck	State RI		Zip 02886	
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island						
812930	Parking Lo	Parking Lot						
5. State of Incorporation Rhode Island								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name James F Dugan				Vice-President Name John M Harpootian				
Street Address 180 Inman Ave			Street Address 1000 Chapel View Blvd, Suite 220					
<sup>City</sup> Warwick	State RI	<sup>Zıp</sup> 02886	City Crai	nston	State	RI	<sup>Z<sub>ip</sub></sup> 02920	
Secretary Name John M Ha	Treasurer Name James F Dugan							
Street Address 1000 Chape	Street Address 180 Inman Ave							
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920	<sup>City</sup> Warwick		State	State RI Z		
8. List ALL directors (names and addresses)  Check the box to indicate an attachment							achment 🔲	
Director Name James F Du	Director Name John M Harpootian							
Street Address 180 Inman Ave				Street Address 1000 Chapel View Blvd, Suite220				
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	<sup>City</sup> Cranston		State	RI	<sup>Z</sup> 02920	
Director Name				Director Name				
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized This information is currently of		10. Shares Issued Check the I			icate an att	PAR VALLE		
Department of State.		100		Common		1.00		
Changes require an additional filing.								
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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  Date								
James F Dugan						1/31/2025		
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