RI SOS Filing Number: 202565136330 Date: 2/11/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FIELD STAMP
FEB 11 2025
BY 190

Annual Report for the year: 2025
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	2. Exact name of the Corporation
000016621	Wayland square Parking Corporation

3. Principal Office Address	City	State	Zip
210 Taunton Ave.	East Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
454390	In the business of running a parking lot
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Mark Russell	Rena Abels
Street Address: 210 Taunton Ave.	Street Address: 9 Wayland Sq.
City: East Providence, State: RI, Zip: 02914	City: Providence, State: RI, Zip: 02906
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	135		100

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	Date
MARK Russell	2/5/25
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

FORM 630- Revised: 12/2023