RI SOS Filing Number: 202570906890 Date: 4/16/2025 4:00:00 PM

State of Rhode Isla  Department of S		ss Services	Division			Stomer	
Annual Report for the year: 2025				42 <b>4 3 4 7 4</b> 7			
Corporation ——————				FILED THE			
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00				APR 16 2025 39			
Penalty. Additional \$25.00	fee if form is not	filed by May 31.		APK	, 10 2023	1000 m	
Entity ID Number	2. Exact name of	of the Corporation		BY	17/2		
00010273	METROP	ARK, LTD.		U		_	
3. Principal Office Address			City		State	Zip	
1 Turks Head Place, Suite 1309			Provid	lence	RI	02903	
4. NAICS Code	6. Brief descript	ion of the charact	er of busines	ss conducted in Rhode	Island		
237310							
5. State of Incorporation	Parking and	Parking and related automotive services					
RI							
7. List ALL officers (names and a	ddresses)			Check the	box to indica	ate an attachment 🔲	
President Name Charles Meyers Vice-President Name							
Street Address 4 T   1   1   1   1   1   1   1   1   1				Street Address			
1 Turks Head Place, Suite 1309			Street Add	ress			
City Providence	State RI	Zip 02903	City	-1	State	Zıp	
Cagrotoni Nama		02303	Treasurer	Name			
Charles Meyers				Treasurer Name Charles Meyers			
Street Address 1 Turks Head Place, Suite 1309			Street Add	Street Address 1 Turks Head Place, Suite 1309			
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903	<sup>City</sup> Providence		State RI Z <sub>IP</sub> 2903		
List ALL directors (names and a Director Name	addresses)		I Discoto a N		box to indica	ate an attachment	
Director ivanie				Director Name			
Street Address			Street Address				
City	State	Zıp	City	City		Zıp	
Director Name			Director Na	Director Name			
Street Address				Street Address			
oneer nodress				Ollegi Addiess			
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issu				ate an attachment	
Donat at State		NUMBER OF	SHARES				
Changes require an additional filing.		1		Common		None	
		99		Common		None	
11. This report must be executed	on behalf of the co	rporation by an a	uthorized red				
ceiver or trustee, this report must	be executed on be	half of the corpor	ation by the	receiver or trustee.			
Under penalty of perjury, I decl				t, including any acco	mpanying s	schedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative							
Charles Meyers					4/11/25		
Signature of Authorized Represer	ntative				<del></del>		
Thomas Mauren							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov