



State of Rhode Island
Department of State - Business Services Division

FILED
STAMP

Annual Report for the year: 2024
Corporation

MAR 05 2024

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

BY online filing

1. Entity ID Number 000159871		2. Exact name of the Corporation Mass Park Inc			
3. Principal Office Address 185 Spring Street		City Springfield	State MA	Zip 01105	
4. NAICS Code 812930		6. Brief description of the character of business conducted in Rhode Island Valet Parking and Shuttle Transportation			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Theodore Chagnon			Vice-President Name Theodore Chagnon		
Street Address 143 Carver Street			Street Address 143 Carver Street		
City Granby	State MA	Zip 01033	City Granby	State MA	Zip 01033
Secretary Name Theodore Chagnon			Treasurer Name Theodore Chagnon		
Street Address 143 Carver Street			Street Address 143 Carver Street		
City Granby	State MA	Zip 01033	City Granby	State MA	Zip 01033
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Angela Chagnon			Director Name		
Street Address 185 Spring Street			Street Address		
City Springfield	State MA	Zip 01105	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		
			0		
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 Darrd Del Tatto				Date 3/5/24	
Signature of Authorized Representative Darrd J. Del Tatto					

MAIL TO:
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