



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2675
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 100383		2. Name of Corporation PRO PARK, INC.			
3. Street Address: Principal Business Office One Union Place			City Hartford	State CT	Zip 06103
4. Business Phone No. 860-527-2378		5. State of Incorporation Connecticut			
6. Brief Description of the Character of Business Conducted in Rhode Island Parking Lot Operations					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Schmid			Vice President Name Joseph Coppola		
Street Address 243 Chestnut Hill Road			Street Address 129 Barnhill Road		
City Woodbury	State CT	Zip 06759	City Woodbury	State CT	Zip 06798
Secretary Name Scott Manos			Treasurer Name Scott Manos		
Street Address 148 Old Farms Road			Street Address 148 Old Farms Road		
City Simsbury	State CT	Zip 06070	City Simsbury	State CT	Zip 06070
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Scott Manos			Director Name		
Street Address 148 Old Farms Road			Street Address		
City Simsbury	State CT	Zip 06070	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares 5	Class/Series Common	Par Value No Par	

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.

Signature: Scott Manos Date: 2/19/2009
Print or Type Name: Scott Manos
Title: CFO

FILED
File Date: MAR 02 2009
Check No. 100
By: [Signature]
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