STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
100383	PRO PARK, INC.

3. Principal office address	City	State	Zip
ONE UNION PLACE	HARTFORD	CT	06103

4. Business Phone No.	5. State of Incorporation
860-527-2378	CONNECTICUT

6. Brief description of the character of business conducted in Rhode Island
PARKING LOT OPERATIONS

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
JOHN SCHMID	243 CHESTNUT HILL ROAD	LITCHFIELD	CT	06759

Vice-President Name	Street Address	City	State	Zip
JOSEPH COPPOLA	129 BARNHILL ROAD	WOODBURY	CT	06798

Secretary Name	Street Address	City	State	Zip
SCOTT MANOS	148 OLD FARM ROAD	SIMSBURY	CT	06070

Treasurer Name	Street Address	City	State	Zip
SCOTT MANOS	148 OLD FARM ROAD	SIMSBURY	CT	06070

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
5.00	CNP	0.00

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.

FILED
File Date _____
Check No _____ JAN 29 2014
By: _____ BY 4273
FOR SECRETARY OF STATE USE ONLY

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 of Authorized Representative — Date 1/6/2014

Scott Manos — Print or Type Name of Authorized Representative — 1/6/2014

Form No. 630
Revised: 01/2012

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