



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. 100383		2. Exact name of the Corporation PRO PARK, INC.			
3. Principal office address 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name JOHN SCHMID			Vice-President Name JOSEPH COPPOLA		
Street Address 243 CHESTNUT HILL ROAD			Street Address 129 BARNHILL ROAD		
City LITCHFIELD	State CT	Zip 06759	City WOODBURY	State CT	Zip 06798
Secretary Name SCOTT MANOS			Treasurer Name SCOTT MANOS		
Street Address 148 OLD FARM ROAD			Street Address 148 OLD FARM ROAD		
City SIMSBURY	State CT	Zip 06070	City SIMSBURY	State CT	Zip 06070
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 29 2014

BY

4273

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

Print or Type Name of Authorized Representative

1/6/2014

1/6/2014