



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

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000144029

**2. Name of Corporation** Pronyne Motorsports

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 8 CLEVELAND STREET

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: PO BOX 1492

City or Town: PAWTUCKET State: RI Zip: 02862 Country: UNI

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PRESERVE AND ENCOURAGE THE RESTORATION AND PRESERVATION OF THE FELLOWSHIP AND NOSTALGIA OF AUTO RACING IN NEW ENGLAND

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name	Address
PRESIDENT	WM. RICARDO MARISCAL	114 TRENTON STREET PAWTUCKET, RI 02860- USA
DIRECTOR	ROBERT SILVIA	106 MCKINLEY STREET WARWICK, RI 02886 USA

DIRECTOR	CAROL JACKSON	8 BLODGETT AVE PAWTUCKET, RI 02860 USA
DIRECTOR	WILLIAM RICARDO MARISCAL	114 TRENTON ST PAWTUCKET, RI 02860 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

WM. RICARDO MARISCAL 8 CLEVELAND STREET PAWTUCKET , RI 02860-

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 29 Day of June, 2014 at 6:46:56 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By WM.RICARDO MARISCAL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations  
All Rights Reserved