



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 2016

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 PATRICK BOESHANS		Treasurer Name NONE			
Street Address 2 ROSWELL ROAD		Street Address			
City WEST SIMSBURY	State CT	Zip 06092	City	State	Zip
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

MAR 16 2016

Form No. 630
Revised: 01/2012

RV *789*

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