



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 2017

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. 793865		2. Exact name of the Corporation PRO EVENT, INC.			
3. Principal office address 10 GREAT WOODS ROAD		City EAST HARWICH		State MA	Zip 02645
4. Business Phone No. 5084302270		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island ENTERTAINMENT PRODUCTIONS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name RONALD D. ANDERSON			Vice-President Name RONALD D. ANDERSON		
Street Address 10 GREAT WOODS ROAD			Street Address 10 GREAT WOODS ROAD		
City EAST HARWICH	State MA	Zip 02645	City EAST HARWICH	State MA	Zip 02645
Secretary Name RONALD D. ANDERSON			Treasurer Name RONALD D. ANDERSON		
Street Address 10 GREAT WOODS ROAD			Street Address 10 GREAT WOODS ROAD		
City EAST HARWICH	State MA	Zip 02645	City EAST HARWICH	State MA	Zip 02645
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name RONALD D. ANDERSON			Director Name NONE		
Street Address 10 GREAT WOODS ROAD			Street Address		
City EAST HARWICH	State MA	Zip 02645	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
			10000	COMMON	NO PAR VALUE

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
DEC 08 2016

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
RONALD D. ANDERSON, PRESIDENT
Print or Type Name of Authorized Representative

Date
12/6/16