



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 11896		2. Exact name of the Corporation SKI PRO, INC.			
3. Principal Office Address 160 Yawgoo Valley Road			City Exeter	State RI	Zip 02822
4. NAICS Code 71 - Arts, Entertainment, and R		6. Brief description of the character of business conducted in Rhode Island To operate a ski area, a water park and related activities			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tracy Hartman			Vice-President Name Tracy Hartman		
Street Address PO Box 41			Street Address PO Box 41		
City Slocum	State RI	Zip 02877	City Slocum	State RI	Zip 02877
Secretary Name Tracy Hartman			Treasurer Name Tracy Hartman		
Street Address PO Box 41			Street Address PO Box 41		
City Slocum	State RI	Zip 02877	City Slocum	State RI	Zip 02877
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Maxwell de Wardener			Director Name Tracy Hartman		
Street Address PO Box 41			Street Address PO Box 41		
City Slocum	State RI	Zip 02877	City Slocum	State RI	Zip 02877
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	common	no par value
11. 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. <i>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.</i>					
Name of Authorized Representative Tracy Hartman				Date March 10, 2017	
Signature of Authorized Representative <i>Tracy Hartman</i>					

FILED

MAR 20 2017

BY 2021 DS

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov