



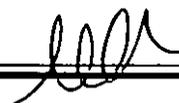
Department of State - Business Services Division

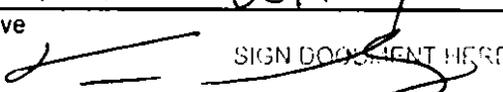
**FILED**

FEB 11 2019 MP

Annual Report for the year: **2019**  
 Corporation

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

BY 17994  


1. Entity ID Number <b>100383</b>		2. Exact name of the Corporation <b>PRO PARK, INC.</b>			
3. Principal Office Address <b>ONE UNION PLACE</b>			City <b>HARTFORD</b>	State <b>CT</b>	Zip <b>06103</b>
4. NAICS Code <b>812930</b>		6. Brief description of the character of business conducted in Rhode Island <b>PARKING LOT OPERATIONS</b>			
5. State of Incorporation <b>CONNECTICUT</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOHN SCHMID</b>			Vice-President Name <b>JOSEPH COPPOLA</b>		
Street Address <b>243 CHESTNUT HILL ROAD</b>			Street Address <b>129 BARNHILL ROAD</b>		
City <b>LITCHFIELD</b>	State <b>CT</b>	Zip <b>06759</b>	City <b>WOODBURY</b>	State <b>CT</b>	Zip <b>06798</b>
Secretary Name <b>PATRICK BOESHANS</b>			Treasurer Name <b>NONE</b>		
Street Address <b>2 ROSWELL ROAD</b>			Street Address		
City <b>WEST SIMSBURY</b>	State <b>CT</b>	Zip <b>06092</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			5.00		CNP
			PAR VALUE		0.00
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. 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.					
Name of Authorized Representative <b>Tim Willey</b>				Date <b>1/25/19</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE.	