



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

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.

FILED

FEB 1 2019

BY

17994

[Signature]

1. Entity ID Number 100383		2. Exact name of the Corporation PRO PARK, INC.			
3. Principal Office Address ONE UNION PLACE		City HARTFORD		State CT	Zip 06103
4. NAICS Code 812930		6. Brief description of the character of business conducted in Rhode Island PARKING LOT OPERATIONS			
5. State of Incorporation CONNECTICUT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		5.00		CNP	
				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 <i>Tim Willey</i>					Date 1/25/19
Signature of Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT HERE