RI SOS Filing Number: 202187410030 Date: 1/15/2021 4:00:00 PM

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

FILED
JAN 15 2021
BY 4571

Annual Report for the year: 2021
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	2. Exact name of the Corporation
793865	Pro Event, Inc.

3 Principal Office Address	City	State	Zip
10 Great Woods Road	East Harwich	MA	02645

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531120	Entertainment productions
5. State of Incorporation: MA	

7. List ALL officers (names anc addresses) — Check the box to indicate an 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) — Check the box to indicate an attachment ☐

Director Name: Ronald D. Anderson	Director Name:
Street Address: 10 Great Woods Road	Street Address:
City: East Harwich, State: MA, Zip: 02645	City: , State: , Zip:
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	10000	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.

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	Date
Ronald D. Anderson, President	1/8/2021
Signature of Authorized Representative	

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

FORM 630 - Revised: 10/2017