



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

Annual Report for the year: **2022**  
 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  
 STAMP**  
**MAY 03 2022**  
FOR  
 SECRETARY OF STATE  
*BY LCA 5807*

|   |                    |  |   |                    |                        |
|---|--------------------|--|---|--------------------|------------------------|
| 1. Entity ID Number<br><b>000151689</b>   |                    | 2. Exact name of the Corporation<br><b>SPRO II, Inc.</b>   |   |                    |                        |
| 3. Principal Office Address<br><b>1414 Atwood Avenue</b>  |                    |  | City<br><b>Johnston</b>                         | State<br><b>RI</b> | Zip<br><b>02919</b>    |
| 4. NAICS Code<br><b>531390</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Ownership and Development of Real Estate</b> |   |                    |                        |
| 5. State of Incorporation<br><b>RI</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<br><b>Kelly M. Coates</b>  |                    |  | Vice-President Name<br><b>Sheryl Carpiolato</b> |                    |                        |
| Street Address<br><b>1414 Atwood Avenue</b>   |                    |  | Street Address<br><b>1414 Atwood Avenue</b>     |                    |                        |
| City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>  | City<br><b>Johnston</b>                         | State<br><b>RI</b> | Zip<br><b>02919</b>    |
| Secretary Name<br><b>Angelo Marocco, Esq.</b>   |                    |  | Treasurer Name<br><b>Gary Famiglietti</b>       |                    |                        |
| Street Address<br><b>1200 Reservoir Avenue</b>  |                    |  | Street Address<br><b>1414 Atwood Avenue</b>     |                    |                        |
| City<br><b>Cranston</b>   | State<br><b>RI</b> | Zip<br><b>02920</b>  | City<br><b>Johnston</b>                         | State<br><b>RI</b> | Zip<br><b>02919</b>    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                    |                        |
| Director Name   |                    |  | Director Name                                   |                    |                        |
| Street Address  |                    |  | Street Address                                  |                    |                        |
| City  | State              | Zip  | City  | State              | Zip                    |
| Director Name   |                    |  | Director Name                                   |                    |                        |
| 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.<br><br>Changes require an additional filing.  |                    | NUMBER OF SHARES   |   | C. ASS/SERIES      |                        |
|   |                    | 100  |   | Common             |                        |
|   |                    |  |   | PAR VALUE          |                        |
|   |                    |  |   | 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. |                    |  |   |                    |                        |
| <b>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.</b>                                       |                    |  |   |                    |                        |
| Name of Authorized Representative<br><b>Kelly M. Coates</b>   |                    |  |   |                    | Date<br><b>4/27/22</b> |
| Signature of Authorized Representative<br><i>Kelly M. Coates</i> SIGN DOCUMENT HERE   |                    |  |   |                    |                        |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence Rhode Island 02904-2615  
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 Website: www.sos.ri.gov