



State of Rhode Island

## Department of State - Business Services Division

FILED

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BY 11900

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Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 713920		6. Brief description of the character of business conducted in Rhode Island To operate a ski area, water park and related activities			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Tracy Hartman			Vice-President Name Clay 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 Jack Hartman			Treasurer Name Jack 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Tracy Hartman			Director Name Clay 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 Jack Hartman			Director Name None		
Street Address PO Box 41			Street Address		
City Slocum	State RI	Zip 02877	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	
		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. <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 Tracy Hartman				Date 3/10, 2023	
Signature of Authorized Representative <i>Tracy Hartman</i>					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021