



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED  
RI DEPT. OF STATE  
BUS. SVCS. DIV.

2024 FEB 12 12 2:37

1. Entity ID Number <u>001689807</u>		2. Exact name of the Corporation <u>PROS ENTERTAINMENT SERVICES INC</u>			
3. Principal Office Address <u>1111 STREET RD #201</u>			City <u>SOUTHAMPTON</u>	State <u>PA</u>	Zip <u>18966</u>
4. NAICS Code <u>713900</u>		6. Brief description of the character of business conducted in Rhode Island <u>MUSIC VIDEO PHOTO</u>			
5. State of Incorporation <u>PA</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>HUGH RILEY</u>			Vice-President Name		
Street Address <u>16 MULBERRY LANE</u>			Street Address		
City <u>TINTON FALLS</u>	State <u>NJ</u>	Zip <u>07724</u>	City	State	Zip
Secretary Name <u>GABORY WHITE</u>			Treasurer Name <u>MICHAEL GUERRELLI</u>		
Street Address <u>2 PARK RD.</u>			Street Address <u>3542 HIGH GATE AVE</u>		
City <u>HILLSBOROUGH</u>	State <u>NJ</u>	Zip <u>08844</u>	City <u>CHARFON</u>	State <u>PA</u>	Zip <u>18914</u>
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.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<u>100</u>		
			<u>Common</u>		
			<u>3125</u>		
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 <u>Michael Guerrelli</u>					Date <u>1/31/24</u>
Signature of Authorized Representative <u>MICHAEL GUERRELLI</u> <b>FILED</b>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 12 2024

2:41

BY VORAN

FORM 630- Revised 04/2023