



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.

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R.I. DEPT. OF STATE
BUS SERVICES DIV

2024 FEB 12 10 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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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 <u>100</u>	CLASS/SERIES <u>COMMON</u>	PAR VALUE <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. 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 <u>Michael Guerrelli</u>				Date <u>1/31/24</u>	
Signature of Authorized Representative <u>MICHAEL GUERRELLI</u> FILED					

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

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