



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2023**  
**Corporation**

MAR 14 2023 3:14:00 PM  
 BY 11900  
 ES

- 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 <b>11896</b>		2. Exact name of the Corporation <b>SKI PRO, INC.</b>			
3. Principal Office Address <b>160 Yawgoo Valley Road</b>			City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
4. NAICS Code <b>713920</b>		6. Brief description of the character of business conducted in Rhode Island <b>To operate a ski area, water park and related activities</b>			
5. State of Incorporation <b>Rhode Island</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 <b>Tracy Hartman</b>			Vice-President Name <b>Clay Hartman</b>		
Street Address <b>PO Box 41</b>			Street Address <b>PO Box 41</b>		
City <b>Slocum</b>	State <b>RI</b>	Zip <b>02877</b>	City <b>Slocum</b>	State <b>RI</b>	Zip <b>02877</b>
Secretary Name <b>Jack Hartman</b>			Treasurer Name <b>Jack Hartman</b>		
Street Address <b>PO Box 41</b>			Street Address <b>PO Box 41</b>		
City <b>Slocum</b>	State <b>RI</b>	Zip <b>02877</b>	City <b>Slocum</b>	State <b>RI</b>	Zip <b>02877</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 <b>Tracy Hartman</b>			Director Name <b>Clay Hartman</b>		
Street Address <b>PO Box 41</b>			Street Address <b>PO Box 41</b>		
City <b>Slocum</b>	State <b>RI</b>	Zip <b>02877</b>	City <b>Slocum</b>	State <b>RI</b>	Zip <b>02877</b>
Director Name <b>Jack Hartman</b>			Director Name <b>None</b>		
Street Address <b>PO Box 41</b>			Street Address		
City <b>Slocum</b>	State <b>RI</b>	Zip <b>02877</b>	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
			<b>300</b>	<b>common</b>	<b>no par value</b>
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 <b>Tracy Hartman</b>				Date <b>3/10</b> , 2023	
Signature of Authorized Representative <i>Tracy Hartman</i>					

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