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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
22932	Sakonet Events, Inc.		
3. Street Address Principal Business Office: 41 South Shore Rd	City: Little Compton	State: RI	Zip: 02837
4. Business Phone No.: 4016352003	5. State of Incorporation: RI		
6. Brief Description of the Character of Business Conducted in Rhode Island: Catering			

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Wilma Bruining			Vice President Name: Wilma Bruining		
Street Address: 41 South Shore Rd			Street Address: 41 South Shore Rd		
City: Little Compton	State: RI	Zip: 02837	City: Little Compton	State: RI	Zip: 02837
Secretary Name: Wilma Bruining			Treasurer Name: Wilma Bruining		
Street Address: 41 South Shore Rd			Street Address: 41 South Shore Rd		
City: Little Compton	State: RI	Zip: 02837	City: Little Compton	State: RI	Zip: 02837

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: Wilma Bruining			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

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	common	1
THIS SECTION MUST BE COMPLETED		

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.

[redacted] [redacted]

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.

Wilma Bruining 3.4.09
Signature *Date*

Wilma Bruining
Print or Type Name

[redacted] President
Title

File Date: FILED
Check No.
MAR 05 2009
By: By 2682
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30889-26-355173

Form 630 Rev. 08/08