



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

A. KAPPA MOWS, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(2)) is subject to a penalty fee of \$25.00.

1. ID No. 000139608		2. Exact name of the limited liability company Borrelli Event Services LLC		
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Complete event services and planning.		
5. Principal office address 1650 Smith St.		City North Providence	State RI	Zip 02911
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Paul Russell Borrelli		Contact Title Owner		
Street Address 1650 Smith St.		City North Providence	State RI	Zip 02911
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐				
Manager Name Paul Russell Borrelli		Manager Name		
Street Address 14 Hawthorne Rd.		Street Address		
City Greenville	State RI	Zip 02828	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND				
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11				

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000139608
FILED

File Date	JUN 06 2011
Check No.	C
By:	BY 145779 10:32
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person Date 5-10-11
Paul Russell Borrelli
Print or Type Name of Authorized Person