



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 89684		2. Exact name of the Corporation Big Events Tickets, Inc.		
3. Principal office address 995 Ten Rod Road		City Exeter	State RI	Zip 02882
4. Business Phone No. 401-474-6556		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Sale of retail and wholesale tickets for sports events, concerts, theater, etc.				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name Jeffrey T. Stone			Vice-President Name Jeffrey T. Stone		
Street Address 995 Ten Rod Road			Street Address same		
City Exeter	State RI	Zip 02882	City	State	Zip
Secretary Name Jeffrey T. Stone			Treasurer Name Jeffrey T. Stone		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

Director Name Jeffrey T. Stone			Director Name		
Street Address same			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 ("X" BOX FOR ATTACHMENT)**

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	300	Common	No Par

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.

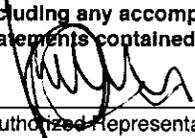
File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 29 2016

2v **KL 24519**

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.

 **1/31/16**
 Signature of Authorized Representative Date
Jeffrey T. Stone - President
 Print or Type Name of Authorized Representative