

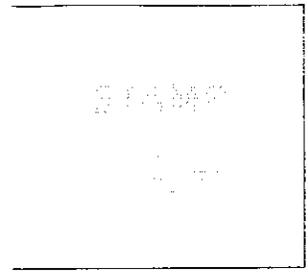


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.



1. Entity ID Number <u>122932</u>		2. Exact name of the Corporation <u>Sakonnet Events, Inc.</u>			
3. Principal Office Address <u>41 South Shore Rd.</u>			City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>
4. Business Phone Number <u>401-635-2003</u>			5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Cater Events</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Wilma Bruining</u>			Vice-President Name		
Street Address <u>41 S. Shore Rd.</u>			Street Address		
City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>1,000.</u>		<u>CWP</u>	<u>1.00</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>Wilma Bruining</u>				Date <u>7/27/16</u>	
Signature of Authorized Representative <u>Wilma Bruining</u>				SIGN DOCUMENT HERE	

FILED

AUG 01 2016

By KL SIOB

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