



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

Annual Report for the year: 2017
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 1657257		2. Exact name of the Corporation White Glove Service Events, Inc.			
3. Principal Office Address 59 Aberdeen Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Hospitality staffing and event planning			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Shelley G. Green			Vice-President Name None		
Street Address 59 Aberdeen Avenue			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name Shelley G. Green			Treasurer Name Shelley G. Green		
Street Address 59 Aberdeen Avenue			Street Address 59 Aberdeen Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No par value
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. <i>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.</i>					
Name of Authorized Representative Shelley G. Green, President					Date 4/6/17
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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 DEPT OF STATE
 BUSINESS DIV

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

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