RI SOS Filing Number: 201751887230 Date: 10/19/2017 4:00:00 PM

| Annual Report for the year: 2017 Limited Liability Company | |
|---|--|
| → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. | |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|--|---|----------------|------------------------|-------|-------|--|
| 1664267 | Meetingo Plus Events, LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 561920 | Meeting + Event Planning Company | | | | | |
| 5. State of Formation | | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 20 High Tides Laine | | | South Kingstow? | PI | 02879 | |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name Lynna Mcalanara | | | Contact Title のい。ピン | | | |
| Street Addless 20 High Ticles Lane | | | City South Kingstown | | 02819 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | Street Address | | | | |
| City | State | Zip | City | State | Zip | |
| Check the box to indicate an attachment | | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | | |
| 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 Person Lynne V Mc Wanace 10/15/17 | | | | | | |
| rynne v " " nameu- | | | | | | |
| Signature of duthorized Person- Syme Voncularia | | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 1 9 2017

BY ______ | Y _____