



2019 SEP 18 A 10:15

Annual Report for the year: **2019**
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 000161385		2. Exact name of the Corporation Pamela d'Orsi Ryan Events, Inc.												
3. Principal Office Address 36 Main Street		City East Greenwich		State RI	Zip 02818									
4. NAICS Code 452990	6. Brief description of the character of business conducted in Rhode Island Event planning and invitations													
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 Pamela d'Orsi Ryan			Vice-President Name											
Street Address 36 Main Street			Street Address											
City East Greenwich	State RI	Zip 02818	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 Pamela d'Orsi Ryan			Director Name											
Street Address 36 Main Street			Street Address											
City East Greenwich	State RI	Zip 02818	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/STRIKES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>0</td><td></td><td>\$0.01</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/STRIKES	PAR VALUE	0		\$0.01			
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0		\$0.01												
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 John B. Harwood, Esq.					Date September 17, 2019									
Signature of Authorized Representative <i>John B. Harwood, Esq.</i> SIGN DOCUMENT HERE FILED														