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Department of State - Business Services Division

Date: 9/18/2019 4:00:00 PM RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

Annual Report for the year: 2019 Corporation

Website: www.sos.ri.gov

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J .	poration	
\rightarrow	Filing period: January 1 - March 1	l

→ Filing Fee: \$50.00

Entity ID Number		2. Exact name of the Corporation						
000161385	Pamela d	d'Orsi Ryan E	vents, Inc.					
3. Principal Office Address			City -	Ţs	tate	Zıp		
36 Main Street			East Greenwich	R	ll .	02818		
4. NAICS Code	6. Brief desc	ription of the charac	cter of business conduc	ted in Rhode Island	1			
452990	Event plant	Event planning and invitations						
State of Incorporation								
Rhode Island								
7. List ALL officers (names an	nd addresses)	<u> </u>		Check the I	hoy to indi	cate an attachment		
President Name Pamela d'Ors	i Pvan	Vice-President Name						
Street Address 36 Main Street			Street Address					
City East Greenwich	State RI	^{Zip} 02818	City	Si	late	Zıp		
Secretary Name	Treasurer Name			··· — - - -		•		
Street Address	Street Address							
City	State	Zip	City	Si	tate	Zip		
8. List ALL directors (names a	and addresses)			Chack tha	hay to indi	icate an attachment 🗆		
Director Name			Check the box to indicate an attachment ☐ Director Name					
	Pamela d'Orsi Ryan							
Street Address 36 Main Street	Street Address							
City East Greenwich	State RI	Zip 02818	City	S	tate	Zip		
Director Name	Director Name							
Street Address	Street Address							
0.000.000	Sirect Address							
City	State	Zıp	City	s	tate	Zıp		
9. Shares Authorized		10. Shares Is	ssued Check the box			icate an attachment 🔲		
This information is currently o	f record in the	NUMBER OF SHARES		CLASS/SFRIFS				
Department of State.		0			!	\$0.01		
Changes require an additional	filing.				<u> </u>			
Ad This are all as all a sound	A			- 46 Ab Af -	:- :- 1- 1- 1	L - 4 - 4		
11. This report must be executrustee, this report must be ex					on is in the	e nands of a receiver or		
Under penalty of perjury, I de	declare and affirm	that i have examii	ned this report, includ		nying sch	edules and		
statements, and that all sta		f herein are true a	nd correct.	- In	lato.			
Name of Authorized Represe		I ⁻	Date September 17, 2019					
John B. Harwood ، هو على الم	-			l				
Signature of Authorized Repr	resentative	F. SIGN DO	COLMENT HERE FI	LED		•		
who to	THE THE THE THE THE	<u> </u>	CED	1 8 2019	<u>オ 位</u>			
MAfL TO: Division of Business Services	_	-	SEP	FEA		T^{τ} .		
148 W. River Street, Providence,	Rhode Island 02904-2	2615	. (001	t i	•		
Phone: (401) 222-3040 Website: www.sos.ri.gov			BY_	and the same of th	FOF	RM 630 - Revised: 10/201		