s s	tate of Rhode Island and Pro Office of the Secreta		S Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2019			
1. ID No. <u>001659505</u>			
2. Exact Name of the Limited Liability Company Hidden Host Events, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>812990</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
SPECIAL EVENT COC	RDINATOR		
5. Principal Office Addre	SS		
	SAREWELL ST., #2WPORTState:	<u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	AREWELL ST., #2	: <u>RI</u> Zip: <u>02840</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addre	
	First, Middle, Last, Suffix	Address, City or Town, Sta	te, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CRISTINA M. OFFENBERG 1100 AQUIDNECK AVENUE MIDDLETOWN, RI 02842

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 28 Day of October, 2019 at 5:32:14 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By AMANDA BARKER

Signature of Authorized Person

Form No. 632 Revised 09/07

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