	State of Rhode Office of the Secret		Fee: \$50.00
	Division Of Busines 148 W. River S Providence RI 029	Street	
HOPE	(401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com n thirty (30) days after the time prese penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000152060</u>			
2. Exact Name of the Limited Liability Company <u>EASTERN POKER, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	Code that best describes the primary e information on <u>NAICS</u> can be found		entity. Download
4. Brief Description of the	e Character of the Business Whic	h is Actually Conducted in	n Rhode Island
RENTING OF SUPPLIE	ES AND MARKETING OF EVE	NTS	
5. Principal Office Addres	SS		
	<u>AVAN STREET, UNIT 1</u> WICK	State: <u>RI</u> Zip: <u>02888</u>	Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Nam	e or Title of Contact Perso	on:
Contact Name:ContactNo. and Street:200 LACity or Town:WARV	VAN STREET, UNIT 1	itate: <u>RI</u> Zip: <u>02888</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State	
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTER		

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

GLENN MCCRORY 2550 VINEYARD ROAD SAUNDERSTOWN, RI 02874

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

## Signed this 23 Day of September, 2020 at 12:13:33 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 <u>GRETEL MCCRORY</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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