State of Rhode Isl	land			_		
Department	of State - Bus	siness Serv	ices Division			
Annual Report for t	he vear: 2020	)			Strate .	
Limited Liability Co				20	50	
→ Filing period: Septer → Filing Fee: \$50.00 → Penalty: Additional \$:	mber 1 - Novemb		ecember 1.	2021 MAR 1 9	- 00 :C	
1. Entity ID Number	2 Exact na	2 Exact name of the Limited Liability Company				
001692305	1	REDBONE EVENTS, LLC				
3. NAICS Code 711300	l l	Brief description of the character of business conducted in Rhode Island EVENT SHOWING				
5. State of Formation RHODE ISLADN						
6. Principal Office Address			City	State	Zip	
90 PROSPECT HILL ST			NEWPORT	RI	02840	
7. Mailing Address of Limite		iny and Name or				
Contact Name MARCUS CALHOUN			Contact Title MEMBER			
Street Address 1120 AQUIDNECK AVE			City MIDDLETOWN	State RI	Zip 02842	
8. List ALL managers (nan	nes and addresse:	s) of the Limited	Liability Company, IF APPLICABLE	E - DO NOT LIST M	EMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
<u>.                                      </u>			· · · · · · · · · · · · · · · · · · ·	Check the box to in-	dicate an attachment	
9. The Resident Agent info	rmation currently o	of record with the	RI Department of State is accurat	te. Changes require	filing Form 642.	
Under penalty of perjury, statements, and that all s	I declare and aff statements conta	irm that I have o ined herein are	examined this report, including a true and correct.	nny accompanying	schedules and	
Name of Authorized Person	n			Date	11-	
MARCUS CALHOUN				5/	<i>[(</i> [2]	
Signature of Authorized Pe	erson		-			

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

3. 22 M 632 - Revised: 08/20