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State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE > 2021 SEP 28 PH 12: 11

Annual Report for the year: 2021

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entitu ID Number	2 Event on	ma of the Limite	ad Liability Company			
1 Entity ID Number		2. Exact name of the Limited Liability Company				
1683594		Excalibur Promotions, LLC				
3. NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island				
561920	Event man	Event management.				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zıp	
4 Gilfillian Road			North Smithfield	RI	02896	
7. Mailing Address of Limit	ted Liability Compa	iny and Name or	Title of Contact Person		<u> </u>	
Contact Name Christopher D. Donnelly			Contact Tille Authorized Person			
Street Address 4 Gilfillian Road			City North Smithfield	State RI	Zip 02896	
8. List ALL managers (nar	mes and addresse	s) of the Limited	Liability Company, IF APPLICABLE	E - DO NOT LIST	MEMBERS	
Manager Name N/A			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	Stale	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
				Check the box to	indicate an attachment	
9. The Resident Agent Info	ormation currently	of record with th	e RI Department of State is accura	te. Changes requi	re filing Form 642.	
	, I declare and af	firm that I have	examined this report, including			
Name of Authorized Person				Date	1	
Christopher D. Donnelly				9/24	121	
Signature of Ayrinoryed P	erson		<u> </u>		'	
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(com		" '(JO) JOHN				

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

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FORM 632 - Revised: 08/2020