State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

FILED
MAR 08 2023
BY 37293

1. Entity ID Number	2. Exact name of the Corporation
000089684	I-Big Events Tickets, Inc.

3. Principal Office Address	City	State	Zip
53 Long Entry Road	Chepachet	RI	02814

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238210	All business relating to electric contracting
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kristina W. Tridenti			Vice President Name: Robert A. Tridenti		
Street Address: 53 Long Entry Road			Street Address: 53 Long Entry Road		
City: Chepachet	State: RI	Zip: 02814	City: Chepachet	State: RI	Zip: 02814
Secretary Name: Kristina W. Tridenti			Treasurer Name: Robert A. Tridenti		
Street Address: 53 Long Entry Road			Street Address: 53 Long Entry Road		
City: Chepachet	State: RI	Zip: 02814	City: Chepachet	State: RI	Zip: 02814

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Kristina W. Tridenti			Director Name:		
Street Address: 53 Long Entry Road			Street Address:		
City: Chepachet	State: RI	Zip: 02814	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	2000	Common	$1.00

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Robert A. Tridenti	02/17/2023

Signature of Authorized Representative: Robert A. Tridenti

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023