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24 FEB 28 AM 8:36:56State of Rhode Island
Department of State - Business Services Division

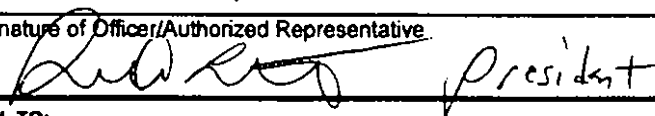
Annual Report for the year: 2024

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000507520		2. Exact name of the Corporation Rhode Island Wedding Group			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island An association of established wedding professionals devoted to connecting couples with high quality wedding service providers.			
4. NAICS Code 813910					
6. Principal Office Address 75A Eddie Dowling Highway			City North Smithfield	State RI	Zip 02896
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐					
President Name Richard Lataille			Vice-President Name		
Street Address 75A Eddie Dowling Highway			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name Robyn Dubois			Treasurer Name Sabrina Scolari		
Street Address 505 Atwood Avenue			Street Address 155 Water Street, #2		
City Cranston	State RI	Zip 02920	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Richard Lataille			Director Name Sabrina Scolari		
Street Address 75A Eddie Dowling Highway			Street Address 155 Water Street, #2		
City North Smithfield	State RI	Zip 02896	City Warren	State RI	Zip 02885
Director Name Robyn Dubois			Director Name		
Street Address 505 Atwood Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Richard Lataille, President				Date 2/12/24	
Signature of Officer/Authorized Representative  President					

FILED

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

FEB 28 2024
BY ML7226

FORM 631- Revised, 12/2023