RI SOS Filing Number: 202455674070 Date: 6/11/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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| 1. Entity ID Number | 2. Exact name of the Limited Lial | oility Company | | | | |
|---|---|-----------------|-----------------|--------------------|--|--|
| 001760185 | Roliks Event. | s & Kitchen | LLC | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 561920 | Roliks Events is an Event company, organising and planning & cour Linating event like | | | | | |
| 5. State of Formation | and Planning | & courdination | ng even | & We | | |
| RHode Island | 1 <i>.8</i> 6 1 | redding or Spec | ial occ | <u>-</u> a (11.57) | | |
| 6. Principal Office Address | - | City | State | Zip | | |
| 219 Highservic | e Henre | Herrh Rovidues | Re | 02904 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name Contact Title | | | | | | |
| Ivetiago Adebago | | Owner | | | | |
| Street Address 219 Highsen | vice Avenue | Morty Providuo | State | 2ip 02904 | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | |
| 9. 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 Person . Fretting Alabaya | | 7- | Date 06 (11 (24 | | | |
| Signature of Authorized Person | | | | | | |

FILED
JUN 1 1 2024
BY_ML 7QFAE

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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