



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

REC'D RIDOS BSD
24 DEC 4 PM 12:32:23

1. Entity ID Number 001752526		2. Exact name of the Corporation Keyla's Events Inc.												
3. Principal Office Address 886 ATWELLS AVENUE			City Providence	State RI	Zip 02909									
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Party organization Events												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Ruth M Castro			Vice-President Name Jose L Castro											
Street Address 886 Atwells Ave			Street Address 886 Atwells Ave											
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Ruth M Castro			Director Name Jose L Castro											
Street Address 886 Atwells Ave			Street Address 886 Atwells Ave											
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909									
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 <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>stk</td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	stk	.01			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	stk	.01												
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 Ruth M Castro				Date 12/3/2024										
Signature of Authorized Representative <i>Ruth M. Castro</i>														

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
DEC 04 2024
BY UX23F **AA-12:31pm**