

REC'D RIDOS BSD
JAN 7 AM 10:35:12State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year:
Corporation

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 000161385		2. Exact name of the Corporation pamela d'orsi ryan events, inc			
3. Principal Office Address 36 MAIN ST.			City EAST GREENWICH	State RI	Zip 02818
4. NAICS Code 452990		6. Brief description of the character of business conducted in Rhode Island EVENT PLANNING and invitations			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAMELA dorsi RYAN			Vice-President Name SAME		
Street Address 8 Grinnell St.			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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 Pamela d'orsi RYAN			Director Name NONE		
Street Address 8 Grinnell St.			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 8000	CLASS/SERIES STK	PAR VALUE .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 Joseph B. Farmer				Date 12.26.2024	
Signature of Authorized Representative 				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

JAN 07 2025
BY **CBW7M**
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