

REC'D RI SOS BSD
25 JAN 7 10:36:04State of Rhode Island
Department of State - Business Services DivisionAnnual 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.

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	City	State
	Zip 02835		Zip
Secretary Name SAME		Treasurer Name SAME	
Street Address		Street Address	
City	State	City	State
	Zip		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	City	State
	Zip 02835		Zip
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
	Zip		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.		NUMBER OF SHARES	CLASS/SERIES
		8000	STX
			.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 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govFILED
JAN 07 2025
BY **CBW7m**

FORM 630- Revised: 12/2023