



State of Rhode Island
Department of State - Business Services Division

FILED

AUG 08 2025

BY GK72W

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Annual Report for the year: 2025
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 <u>000153014</u>		2. Exact name of the Corporation <u>International Live Events Association</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Rhode Island Chapter, Inc.</u>	
4. NAICS Code <u>813920</u>		Special event industry education	
6. Principal Office Address <u>222 Waterman Ave, Unit A</u>		City <u>North Providence</u>	State <u>RI</u>
		Zip <u>02911</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Alexander Brown</u>		Vice-President Name <u>Briel Delmonaco</u>	
Street Address <u>222 Waterman Ave, A</u>		Street Address <u>222 Waterman Ave A</u>	
City <u>North Providence</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>North Providence</u>
Secretary Name <u>Briel Delmonaco</u>		Treasurer Name <u>Alexander Brown</u>	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Luke Renchen</u>		Director Name <u>Megan Peter</u>	
Street Address <u>20 Mark Dr</u>		Street Address <u>140 Houghton Rd</u>	
City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	City <u>North Smithfield</u>
Director Name <u>Michael Weishauss</u>		Director Name	
Street Address <u>14 Corey St</u>		Street Address	
City <u>North Providence</u>	State <u>RI</u>	Zip <u>02911</u>	City
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 <u>Alexander Brown</u>			Date <u>8/8/25</u>
Signature of Officer/Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov