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RI SOS Filing Number: 202210957370 Date: 2/14/2022 4:00:00 PM

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State	of	Rhode	Island	

Department of State - Business Services Division

Annual Report for the year:

2022

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED	
FEB 1 4 2022	

1. Entity ID Num	hor	O Eventore	-44-0					
0000			of the Corporation		pany Inc.		·	
3. Principal Offic	e Address			City		I CA - A -	la:	
40 Zis	SON, 20	East 9 St	-, Apt. 10-	V New	York	State N·Y	Zip 10003	
4. NAICS Code		Brief descrip	tion of the charac	ter of busines:	s conducted in Rhode I	sland		
523920	7	Inac						
5. State of Incorp	oration	-1-1140	1.05					
Rhode I		ď						
				_				
7. List ALL officer President Name	rs (names and a	ddresses)			Check	the box to indicat	e an attachment L	
Harry 7	Zisson			Vice-Preside	ent Name			
Street Address		<u> </u>		William Zisson				
20 E. 9	1 St.			Street Addre	toney Wylde		· · · · · · · · · · · · · · · · · · ·	
New Yor	K	State N Y	Zip 10003	City 6 ree	enwich	State CT	Zip 06830	
Secretary Name	None			Treasurer N				
Street Address	None		 _	Street Addre	ess None			
City		State /	710	City.		To: -		
	None	State None	Zip None	City	None	State None	Zip None	
List ALL director Director Name	ors (names and a	addresses)			Check	the box to indicat	e an attachment	
	None			Director Nar	ne None		, <u>-</u>	
Street Address	None			Street Address None				
City	None	State	Zip None	City	None	State	ZipNone	
Director Name	None	1 ,,,,,,,	1 /4-	Director Nan	ne .	101/2	Hone	
Street Address	None			<u> </u>	None			
None				Street Address None.				
City	None	State None	Zip NOAR	City	None	State None	Zip None	
9. Shares Authoria		<u> </u>	10. Shares Issu	ed	Check			
This information is	currently of reco	ord in the	10. Shares Issued Check the box to indicate an attachment Linear Strategy Classifiers PAR VALUE					
Department of State. Changes require an additional filling.		2,000 Shares		Common	# 100			
11. This report mu	ist be executed of	on behalf of the co ted on behalf of the	rporation by an au	athorized repre	esentative. If the corpor	ration is in the ha	nds of a receiver or	
Orider penalty of	' perjury, i decla	ire and affirm tha	t I have examine	d this report.	trustee. Including any accom	panying schedu	los and	
Name of Authorize	ed Representativ	ents contained he	rein are true and	correct.		Toria	·	
Harry Zisson					Date Feb. 7, 3	2022		
Signature of Author	orized Represen	tative	Dinon			1	 	
		W.J.						
MAIL TO:				<u> </u>		<u></u>	- · · -	

Division of Business Services

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

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