RI SOS Filing Number: 200943672360 Date: 03/05/2009 4:00 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Sta*
Corporations Divisi
148 W. River Str
Providence, RI 02904-26
401.222.30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.

1. Corporate ID No.	2. Name of Corporation
103201	PARTY TIME GIFT SHOP, INC.

3. Street Address Principal Business Office	City	State	Zip
1382 Plainfield Street	Cranston	RI	02920

4. Business Phone No.	5. State of Incorporation
401-943-8020	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Party Gift Shop.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Stephanie Chatelle	Stephanie Chatelle
Street Address	Street Address
1382 Plainfield Street	1382 Plainfield Street
City / State / Zip	City / State / Zip
Cranston / RI / 02920	Cranston / RI / 02920
Secretary Name	Treasurer Name
Stephanie Chatelle	Stephanie Chatelle
Street Address	Street Address
1382 Plainfield Street	1382 Plainfield Street
City / State / Zip	City / State / Zip
Cranston / RI / 02920	Cranston / RI / 02920

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Stephanie Chatelle	
Street Address	Street Address
1382 Plainfield Street	
City / State / Zip	City / State / Zip
Cranston / RI / 02920	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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CORPORATIONS DIV

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
800 COMM NO PAR VALUE		

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
None		

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.

[redacted]

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File Date MAR 05 2009
Check No. By 1084
By:
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[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Stephanie Chatelle 2/26/09
Signature *Date*

Stephanie Chatelle
Print or Type Name

[redacted] President
Title