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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1 Entity ID No.	2. Exact name of the Corporation
000155837	DISCOUNT PARTY STORE DEVELOPERS, INC.

3. Principal office address	City	State	Zip
5075 WEST DIABLO DR SUITE 200	LAS VEGAS	NV	89118

4. Business Phone No.	5. State of Incorporation
702-382-8444	NEVADA

6. Brief description of the character of business conducted in Rhode Island
BUSINESS START-UP CONSULTING SERVICES

RECEIVED
2014 AUG -8 AM 9:58
SECRETARY OF STATE
CORPORATIONS DIV.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
JAMES WICHERT	10024 ROLLING GLEN CT.	LAS VEGAS	NV	89117

Vice-President Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

Secretary Name	Street Address	City	State	Zip
JAMES WICHERT	10024 ROLLING GLEN CT.	LAS VEGAS	NV	89117

Treasurer Name	Street Address	City	State	Zip
JAMES WICHERT	10024 ROLLING GLEN CT.	LAS VEGAS	NV	89117

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
JAMES WICHERT	10024 ROLLING GLEN CT.	LAS VEGAS	NV	89117

Director Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

Director Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

Director Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	NONE	1.00
NONE	NONE	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.

File Date 9:59 AM FILED
Check No
By:
AUG 08 2014
FOR SECRETARY OF STATE USE ONLY By 230040 KM

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.

Signature of Authorized Representative — Date 8/4/14

JAMES WICHERT
Print or Type Name of Authorized Representative

Form No. 630
109974-5-943920