RI SOS Filing Number: 201734661950 Date: 2/24/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

2017 FEB 24 AM 10: 57

Annual Report for the year: **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company Party Male LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation	PARKing & Management					
6. Principal Office Address 286 Parielson like			Norm Scituat	State	Zip 02657	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Alan Portoring			Contact Title Owner	Owner		
206 Vanielson Pike			City No-M Scituate	State K. T.	Zip 0285>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
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 Person Date						
Alan Porposino 20						
Signature of Authorized Person						
FILED						

MAIL TO:

Division of Business Services

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

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

FEB 2 4 2017

FORM 632 - Revised: 08/2016