




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Fictitious Business Name Statement
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-402, the undersigned business corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number 001668693	2. Exact Name of the Corporation Party City Corporation	
3. List the fictitious business name to be used: Halloween City		
4. List the state or country the entity is incorporated: Delaware		5. List the date of incorporation: November 23, 2016
6. List the address of its registered office within Rhode Island: Street Address 450 Veterans Memorial Highway, Suite 7A		
City East Providence	State RHODE ISLAND	Zip 02914
7. List the business in which it is engaged: Retail sale of Halloween costumes, Halloween accessories and related items		
8. Applicant is otherwise authorized to do business in the state of Rhode Island.		
<i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and that the information contained herein is true and correct.</i>		
Name of Authorized Officer of the Corporation Joseph J. Zepf		Date 8/7/17
Signature of Authorized Officer of the Corporation  SIGN DOCUMENT HERE		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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By  312456

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 624 Corporation - Revised: 06/2016