

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV

2018 NOV 21 PM 3: 13

Annual Report for the year: 20 18 **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				
145950	Partyme Collectides 110				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
454110	Internet Retail Sales				
5. State of Formation	Inte	rnet -)),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
177 -					
	<u> </u>				
6. Principal Office Address	O -	\sim	City	State	Zip
	Beno.	 .	history	19	02 PG1
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Sepa 4.			Contact Title		
Street Address north Bend St.			City Phylips	State RI	2102 Ac1
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address 116 No CAN Benost.			Street Address		
"Rawtulo	Stale	Zip 02.861	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u>. 1 , </u>	1		heck the box to in	ndicate 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 /					
JOSEPHT. Viti					
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3940 Website: www.sos.n.gov FILED - 3!13

BY CN ESD8Q