



Matthew A. Brown, Secretary of State

Ballons Division
11 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 95617		2. Name of Corporation Party Town, Inc.			
3. Street Address Principal Business Office 179 Front Street			City Woonsocket,	State RI	Zip 02895
4. Business Phone No. 401-769-9555		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island FOR THE RETAIL SALE OF PARTY SUPPLIES, ETC.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Arthur Martin			Vice President Name Francine Martin		
Street Address 179 Front Street			Street Address 179 Front Street		
City Woonsocket,	State RI	Zip 02895	City Woonsocket,	State RI	Zip 02895
Secretary Name Tammy A. Bessette			Treasurer Name Francine Martin		
Street Address 173 Front Street			Street Address 179 Front Street		
City Woonsocket,	State RI	Zip 02895	City Woonsocket,	State RI	Zip 02895
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Arthur Martin			Director Name Francine Martin		
Street Address 179 Front Street			Street Address 179 Front Street		
City Woonsocket,	State RI	Zip 02895	City Woonsocket,	State RI	Zip 02895
Director Name Jamie R. Martin			Director Name Charles Bessette		
Street Address 171 Front Street			Street Address 173 Front Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket,	State RI	Zip 02895
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE		600 No Par	600 No Par		600 No Par
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 1-18-05

Check No. 1410

By: AM

FOR SECRETARY OF STATE USE ONLY

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.

Arthur Martin 1/13/05
Signature of Officer Date

Arthur Martin 01/13/05
Print or Type Name of Officer Date

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 95617		2. Name of Corporation Party Town, Inc.			
3. Street Address Principal Business Office 179 Front Street			City Woonsocket	State RI	Zip 02895
4. Business Phone No. 401-769-9555		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island FOR THE RETAIL SALE OF PARTY SUPPLIES, ETC.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Arthur Martin			Vice President Name Francine Martin		
Street Address 179 Front Street			Street Address 179 Front Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Tammy A. Bessette			Treasurer Name Francine Martin		
Street Address 173 Front Street			Street Address 179 Front St		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Arthur R. Martin			Director Name Francine Martin		
Street Address 179 Front Street			Street Address 179 Front Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Jamie R. Martin			Director Name Charles W. Bessette		
Street Address 171 Front Street			Street Address 173 Front Street		
City Woonsocket,	State RI	Zip 02895	City Woonsocket,	State RI	Zip 02895
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE		600 No Par	600 No Par		600 No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 5 6 1 7 *

File Date 1-21-04
Check No. [Signature]
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Francine Martin 01/20/04
Signature of Officer Date

Francine Martin 1-20-04
Print or Type Name of Officer

Title of Officer Vice President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **95617** 2. Name of Corporation **Party Town, Inc.**
3. Street Address Principal Business Office **17179 Front Street** City **Woonsocket,** State **Rhode Island** Zip **02895**
4. Business Phone No. **401-769-9555** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Party Supplies, Balloons, Paper Goods, Gifts, etc. d/b/a King Arthurs Restaura

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

President Name Arthur Martin	Vice President Name Francine Martin
Street Address 179 Front Street	Street Address 179 Front Street
City State Zip Woonsocket, RI 02895	City State Zip Woonsocket, RI 02895
Secretary Name Tammy A. Bessette	Treasurer Name Francine Martin
Street Address 173 Front Street	Street Address 179 Front Street
City State Zip Woonsocket, RI 02895	City State Zip Woonsocket, RI 02895

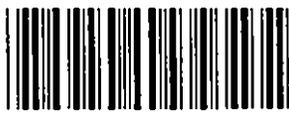
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Arthur R. Martin	Director Name Francine Martin
Street Address 179 Front Street	Street Address 179 Front Street
City State Zip Woonsocket, RI 02895	City State Zip Woonsocket, RI 02895
Director Name Jamie R. Martin	Director Name Charles W. Bessette
Street Address 112 Pine Street	Street Address 173 Front Street
City State Zip Woonsocket, RI 02895	City State Zip Woonsocket, RI 02895

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
600 NO PAR VALUE	600 No Par
600 No Par	600 No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 5 6 1 7 *

File Date: 1-10-03
1056
Check No.: _____
By: RL

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.
Arthur Martin 1-08-03
Signature of Officer Date

Arthur R. Martin 01-08-03
Print or Type Name of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **95617** 2. Name of Corporation **Party Town, Inc.**
3. Street Address Principal Business Office **179 Front Street** City **Woonsocket,** State **RI** Zip **02895**
4. Business Phone No. **401-769-9555** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Party Supplies, Balloons, Papers Goods, Gifts, ETC dba King Arthur's Restaurant - Hall

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

President Name Arthur R. Martin Street Address 179 Front Street City Woonsocket, State RI Zip 02895	Vice President Name Francine Martin Street Address 179 Front Street City Woonsocket, State RI Zip 02895
Secretary Name Tammy A. Bessette Street Address 173 Front Street City Woonsocket, State RI Zip 02895	Treasurer Name Francine Martin Street Address 179 Front Street City Woonsocket, State RI Zip 02895

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

Director Name Arthur R. Martin Street Address 179 Front Street City Woonsocket, State RI Zip 02895	Director Name Francine Martin Street Address 179 Front Street City Woonsocket, State RI Zip 02895
Director Name Jamie R. Martin Street Address 112 Pine Street City Woonsocket, State RI Zip 02895	Director Name Charles W. Bessette Street Address 173 Front Street City Woonsocket, State RI Zip 02895

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	600 NO PAR VALUE		600 No Par

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	600 No Par		600 No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 5 6 1 7 *

File Date: 2/14/02
Check No.: 4292
By: [Signature]

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] 1/10/02
Signature of Officer Date
Arthur R. Martin
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **95617** 2. Name of Corporation **Party Town, Inc.**

3. Street Address Principal Business Office **179 Front Street** City **Woonsocket,** State **RI** Zip **02895**
4. Business Phone No. **401-769-9555** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Party Supplies, Balloons, Paper Goods, Gifts, Etc.

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

President Name Arthur R. Martin	Vice President Name Francine Martin
Street Address 179 Front Street	Street Address 179 Front Street
City Woonsocket, State RI Zip 02895	City Woonsocket, State RI Zip 02895

Secretary Name Tammy A. Bessette	Treasurer Name Francine Martin
Street Address 173 Front Street	Street Address 179 Front Street
City Woonsocket, State RI Zip 02895	City Woonsocket, State RI Zip 02895

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

Director Name Arthur R. Martin	Director Name Francine M. Martin
Street Address 179 Front Street	Street Address 179 Front Street
City Woonsocket, State RI Zip 02895	City Woonsocket, State RI Zip 02895
Director Name Jamie R. Martin	Director Name Charles W. Bessette
Street Address 112 Pine Street	Street Address 173 Front Street
City Woonsocket, State RI Zip 02895	City Woonsocket, State RI Zip 02895

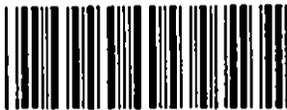
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
600 No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 5 6 1 7 *

File Date: 1-19-01

Check No.: 3686

By: JA

FOR SECRETARY OF STATE USE ONLY

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.

Francine Martin 01-03-01
Signature of Officer Date

FRANCINE MARTIN 01-03-01
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer



Amended.



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 95617 2. Name of Corporation Party Town, Inc.
3. Street Address Principal Business Office 179 Front St. City Woonsocket. State RI Zip 02895
4. Business Phone No. 401-769-9555 5. State of Incorporation Rhode Island. 6. SIC Code 02895

7. Brief Description of the Character of Business Conducted in Rhode Island Selling Party Supplies / Balloons / Paper goods / gifts. etc.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name ARTHUR R. MARTIN Vice President Name FRANCINE MARTIN
Street Address 179 Front Street. Street Address 179 Front Street
City Woonsocket. State RI Zip 02895 City Woonsocket. State RI Zip 02895
Secretary Name Tommy A. Martin Bessette Treasurer Name FRANCINE MARTIN
Street Address 179 Front Street Street Address 179 Front Street
City Woonsocket State RI Zip 02895 City Woonsocket. State RI Zip 02895

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name ARTHUR R. MARTIN Director Name FRANCINE M. MARTIN
Street Address 179 Front Street Street Address 179 Front Street.
City Woonsocket. State RI Zip 02895 City Woonsocket. State RI Zip 02895
Director Name Jamie R. Martin Director Name Charles W. Bessette
Street Address 112 Pine Street. Street Address 173 Front Street
City Woonsocket State RI Zip 02895 City Woonsocket State RI Zip 02895

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES ISSUED SHARES
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value
600 NO PAR 600 NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: SEP 01 2000
Check No.: [Signature]
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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 Officer Francine Martin Date 9-1-00
Print or Type Name of Officer FRANCINE M. MARTIN
Title of Officer VICE PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **95617** 2. Name of Corporation **Party Town, Inc.**

3. Street Address Principal Business Office **179 Front Street** City **Woonsocket,** State **RI** Zip **02895**

4. Business Phone No. **401-769-9555** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Selling Party Supplies/Balloons/Paper goods/ gifts, etc.

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

President Name Arthur R. Martin	Vice President Name Francine M. Martin
Street Address 179 Front Street	Street Address 179 Front Street
City State Zip Woonsocket, RI 02895	City State Zip Woonsocket, RI 02895

Secretary Name Tammy A. Martin	Treasurer Name Arthur R. Martin
Street Address 179 Front Street	Street Address 179 Front Street
City State Zip Woonsocket, RI 02895	City State Zip Woonsocket, RI 02895

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

Director Name Arthur R. Martin	Director Name Francine M. Martin
Street Address 179 Front Street	Street Address 179 Front Street
City State Zip Woonsocket, RI 02895	City State Zip Woonsocket, RI 02895

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
600	NO	PAR

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
600	No	Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 5 6 1 7 *

File Date: 1/13/00
Check No.: 3137
By: [Signature]

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.

Francine Martin 1-11-2000
Signature of Officer Date
Francine Martin **01/11/2000**
Print or Type Name of Officer
Vice President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **95617** 2. Name of Corporation **Party Town, Inc.**

3. Street Address Principal Business Office
179 Front Street City **Woonsocket,** State **RI** Zip **02895**

4. Business Phone No. **(401) 769-9555** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Party Paper Goods, Balloons, Gifts, etc.

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

President Name Arthur R. Martin	Vice President Name Francine M. Martin
Street Address 179 Front Street	Street Address 179 Front Street
City Woonsocket, State RI Zip 02895	City Woonsocket, State RI Zip 02895
Secretary Name Tammy A. Martin	Treasurer Name Arthur R. Martin
Street Address 179 Front Street	Street Address 179 Front Street
City Woonsocket, State RI Zip 02895	City Woonsocket, State RI Zip 02895

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

Director Name Arthur R. Martin	Director Name Francine Martin
Street Address 179 Front Street	Street Address 179 Front Street
City Woonsocket, State RI Zip 02895	City Woonsocket, State RI Zip 02895
Director Name	Director Name
Street Address	Street Address
City	City

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
600 NO PAR	600 No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 5 6 1 7 *

File Date: Jan 19, 99
2498
Check No.:
By: [Signature]

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.

Francine Martin 1-15-99
Signature of Officer Date
Francine Martin 01-15-99
Print or Type Name of Officer
Vice President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **95617** 2. Name of Corporation **Party Town, Inc.**
3. Street Address Principal Business Office
179 Front Street City **Woonsocket,** State **RI** Zip **02895**
4. Business Phone No. **401-769-9555** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island
Party Paper Goods, Balloons, gifts, etc.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Arthur R. Martin Street Address 179 Front Street City Woonsocket, State RI Zip 02895 Secretary Name Tammy A. Martin Street Address 179 Front Street City Woonsocket, State RI Zip 02895	Vice President Name Francine M. Martin Street Address 179 Front Street City Woonsocket, State RI Zip 02895 Treasurer Name Arthur R. Martin Street Address 179 Front Street City Woonsocket, State RI Zip 02895
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Arthur Martin Street Address 179 Front Street City Woonsocket, State RI Zip 02895	Director Name Francine Martin Street Address 179 Front Street City Woonsocket, State RI Zip 02895
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
600 NO PAR		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
600 No Par		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 5 6 1 7 *

File Date: 2-5-98
Check No.: 1351
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Francine Martin
Signature of Officer Date
Francine Martin 1-27-98
Print or Type Name of Officer
vice President
Title of Officer