



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP
MAR 13 2019
BY 1191 OS

1. Entity ID Number 790591		2. Exact name of the Corporation The Party Bee, Inc.			
3. Principal Office Address 177 Hope Furnace Road			City Hope	State RI	Zip 02831
4. NAICS Code 44-45 44110		6. Brief description of the character of business conducted in Rhode Island General sales and services of goods and/or food.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Janice M. Olivier			Vice-President Name Diego Arroyave		
Street Address 177 Hope Furnace Road			Street Address 177 Hope Furnace Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name Aimee L. Olivier			Treasurer Name Robert A. Despres, Sr.		
Street Address 177 Hope Furnace Road			Street Address 177 Hope Furnace Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Janice M. Olivier			Director Name Robert A. Despres, Sr.		
Street Address 177 Hope Furnace Road			Street Address 177 Hope Furnace Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Director Name Aimee L. Olivier			Director Name Diego Arroyave		
Street Address 177 Hope Furnace Road			Street Address 177 Hope Furnace Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000	Common	No par value	
11. 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. 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 Representative Janice M. Olivier				Date 3-3-19	
Signature of Authorized Representative <i>Janice M. Olivier</i>				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