



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

FILED
 JUL 08 2020
 BY *[Signature]*

Annual Report for the year: 2020 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000506558		2. Exact name of the Corporation ONE STOP PARTY STORE INC			
3. Principal Office Address 14 PLAINFIELD STREET			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 448120		6. Brief description of the character of business conducted in Rhode Island PARTY STORE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LEEVAN SANO			Vice-President Name LEEVAN SANO		
Street Address 3 DUARANTE AVENUE			Street Address 3 DUARANTE AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
		500		STK	0.001
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. <i>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.</i>					
Name of Authorized Representative LEEVAN SANO				Date 06/06/2020	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	