



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2024

Limited Liability Company

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

|                                                                                                                                                                                                         |  |                                                                                                                                  |                         |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><u>001749180</u>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><u>WORST PARTY EVER, LLC</u>                                                   |                         |                     |
| 3. NAICS Code<br><u>541611</u>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>MANAGEMENT CONSULTANTING - PHARMACEUTICALS</u> |                         |                     |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                      |  |                                                                                                                                  |                         |                     |
| 6. Principal Office Address<br><u>38 UPLAND WAY</u>                                                                                                                                                     |  | City<br><u>BARRINGTON</u>                                                                                                        | State<br><u>RI</u>      | Zip<br><u>02806</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                  |                         |                     |
| Contact Name<br><u>WILLIAM J. DELANEY</u>                                                                                                                                                               |  | Contact Title<br><u>AGENT</u>                                                                                                    |                         |                     |
| Street Address<br><u>38 UPLAND WAY</u>                                                                                                                                                                  |  | City<br><u>BARRINGTON</u>                                                                                                        | State<br><u>RI</u>      | Zip<br><u>02806</u> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                                                  |                         |                     |
| 9. 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<br><u>WILLIAM J. DELANEY</u>                                                                                                                                                  |  |                                                                                                                                  | Date<br><u>5/4/2024</u> |                     |
| Signature of Authorized Person<br><u>William J. Delaney</u>                                                                                                                                             |  |                                                                                                                                  |                         |                     |

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BY SGmvv

MAIL TO:

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