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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025
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.

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Entity ID Number	0.5						
	2. Exact name of the Limited Liability Company						
001751684	All Party Decor LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
591410							
5. State of Formation	Every Planner and Decor						
RI	Hall Rev				_ `		
6. Principal Office Address		City		State	Zip		
881 Main			ncked	RI	02866		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name							
D.aniel	1 Ameryo Owner						
13 Flor	9 St	•	dence	State	02904		
6. 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	Daniel Ame	uy >		Date 1	8/25		
Signature of Authorized Person							

FILED

APR 28 2025

BY 79AU2

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov