



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2025

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD  
25 JUN 30 AM 9:48:41

1. Entity ID Number <b>1780228</b>		2. Exact name of the Corporation <b>PARTY STORE RENTALS &amp; EVENTS INC</b>			
3. Principal Office Address <b>162 BROAD STREET</b>			City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>453220</b>		6. Brief description of the character of business conducted in Rhode Island <b>PARTY STORE ACCESSORIES AND EVENTS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>FELIX ORTIZ COLON</b>			Vice-President Name <b>FELIX ORTIZ COLON</b>		
Street Address <b>39 WEEKS STREET</b>			Street Address <b>39 WEEKS STREET</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		500		0.01	
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. <b>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.</b>					
Name of Authorized Representative <b>FELIX ORTIZ COLON</b>					Date <b>06/28/2025</b>
Signature of Authorized Representative <i>Felix Ortiz Colon</i>					

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

JUN 30 2025

BY R633D