



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000150925		2. Exact name of the limited liability company FORGOTTEN GARDENS, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island MAKING FLORAL ARRANGEMENTS, SELLING MISC. HOME DECOR, JEWELRY			
5. Principal office address 5221 OLD POST ROAD		City CHARLESTOWN	State RI	Zip 02813	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MAGGIE GIGANTE			Contact Title MANAGER		
Street Address 5221 OLD POST ROAD		City CHARLESTOWN	State RI	Zip 02813	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name MAGGIE GIGANTE			Manager Name NONE		
Street Address 5221 OLD POST ROAD		Street Address			
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
Manager Name NONE			Manager Name NONE		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000150925

<b>FILED</b>	
File Date	OCT 31 2008
Check No.	
By:	By <u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	

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 hereby are true and correct.

Maggie Gigante 10.28.08  
Signature of Authorized Person Date

MAGGIE GIGANTE

Print or Type Name of Authorized Person