RI SOS Filing Number: 200951916030 Date: 10/01/2009 4:00 PM

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 2009

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.	2. Exact name of the limited liability company		
000194513	REMINISCENTS OF YOU, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RI	Online Internet Retailer - Perfume, Books		
5. Principal office address	City	State	Zip
112 IVY STREET	EAST PROVIDENCE	RI	02914

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
STACEY Lynn STAVOLONE	SOLE-OWNER		
Street Address	City	State	Zip
112 IVY STREET	EAST PROVIDENCE	RI	02914

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

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).

[redacted] [redacted]

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.

Stacey Lynn Stavolone
Signature of Authorized Person *Date*

[redacted] STACEY Lynn STAVOLONE
Print or Type Name of Authorized Person

Sept 21, 2009

File Date	FILED
Check No.	OCT 01 2009
By:	By 5811591790

FOR SECRETARY OF STATE USE ONLY
38724-10-436635

Form 632 Rev. 08/08