c	tate of Rhode Island and Pro	vidance Blantatia		
°	Office of the Secreta		ons Fee: \$50.00	
	Division Of Business			
148 W. River Street				
Providence RI 02904-2615 (401) 222-3040				
HOPE	(401) 222-504	ŧŪ		
Limited Liability Company Annual Report Filing Period: September 1 - November 1				
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.				
ANNUAL REPORT YEAR: 2017				
1. ID No. <u>000148460</u>				
2. Exact Name of the Limited Liability Company <u>SIMPLY SEASONAL, LLC</u>				
3. State of Formation				
State: <u>RI</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>445110</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
RETAIL SALE OF FRUIT, PRODUCE, FLOWERS AND OTHER SEASONAL ITEMS				
5. Principal Office Addre	SS			
No. and Street: 1839	SMITH STREET			
	<u>RTH PROVIDENCE</u> State	: <u>RI</u> Zip: <u>02911</u>	Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact	Title:			
	SMITH STREET	_		
City or Town: <u>NOR</u>	TH PROVIDENCE State	: <u>RI</u> Zip: <u>02911</u>	Country: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Add	Iress	
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country	
8. RESIDENT AGENT IN F	8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOHN DELPIVO 1839 SMITH STREET NORTH PROVIDENCE, RI 02911

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

Signed this 9 Day of September, 2017 at 7:59:00 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By BRENDA DELPIVO

Signature of Authorized Person

Form No. 632 Revised 09/07

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