



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>724691</u>		2. Exact name of the limited liability company <u>SWEET Blessings LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Candy store 424450</u>			
5. Principal office address <u>4 EDDIE Dowling Hwy</u>			City <u>N Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>ELISSA PEARL</u>			Contact Title <u>owner</u>		
Street Address <u>162 County St</u>			City <u>Attleboro</u>	State <u>MA</u>	Zip <u>02703</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
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 Form 642.					

FILED

OCT 31 2017

FILED

OCT 31 2017

BY _____

BY 1333 DS

File Date 10/31/17

Check No _____

By: _____

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 herein are true and correct.

Elissa Pearl 10/30/17
 Signature of Authorized Person Date

ELISSA PEARL
 Print or Type Name of Authorized Person