



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with fields for ID No. (126129), Exact name (326 THRIFT, LLC), State of Formation (RHODE ISLAND), Brief description (THRIFT STORE), Principal office address, Mailing address (Stephen P. Ostiguy, Member), Manager information (Managed by Members), and Resident Agent (STEPHEN OSTIGUY, 50 WASHINGTON SQUARE, NEWPORT, 02840).

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



FOR SECRETARY OF STATE USE ONLY
File Date: 10.31.05 \*126129\*
Check No.: 1207
By: [Signature]

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.

Signature of Authorized Person: [Signature] Date: 10-28-05
Print or Type Name of Authorized Person: Stephen P. Ostiguy





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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 126129		2. Exact name of the limited liability company 326 THRIFT, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island <i>Thrift Store</i>			
5. Principal office address 50 WASHINGTON SQUARE		City NEWPORT	State RI	Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <i>Stephen P. Ostiguy</i>		Contact Title <i>Member</i>			
Street Address <i>50 Washington Square</i>		City <i>Newport</i>	State <i>RI</i>	Zip <i>02840</i>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name <i>Managed by members</i>		• 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 -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L 7-16-11					
Agent Name STEVEN OSTIGUY		Address 50 WASHINGTON SQUARE			
Address		City NEWPORT	Zip 02840-		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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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.

*Stephen P. Ostiguy*  
Signature of Authorized Person Date  
*Stephen P. Ostiguy*  
Print or type Name of Authorized Person

\*126129 DLLC 11/17/04 10:16:03 AM\*

File Date *11/19/04*

Check No. *1175*

By: *SO*

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