



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)

1. ID No 135434		2. Exact name of the limited liability company FLOWERTHYME, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Retail sales of flowers and all things pertinent thereto.	
5. Principal office address 18 Kingstown Road		City Narragansett	State RI
		Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name Joy Rich		Contact Title Manager/owner	
Street Address 18 Kingstown Road		City Narragansett	State RI
		Zip 02882	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (XX 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 Joy Rich		Manager Name .	
Street Address 18 Kingstown Road		Street Address .	
City Narragansett	State RI	Zip 02882	City .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	Zip .	City .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642, R.I.G.L. 7-16-11			
Agent Name Thomas N. Tarzwell, Esq.		Address 490 Woodruff Avenue	
Address fg		City Wakefield	Zip 02879

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



1 3 5 4 3 4

File Date	9/12/05
Check No	1980
By:	JA
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.

Joy Rich Sept 8-05
Signature of Authorized Person Date
Joy Rich
Print or type Name of Authorized Person



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3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Retail sale of flowers and all things pertinent thereto.			
5. Principal office address 18 Kingstown Road		City Narragansett	State RI	Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joy Rich		Contact Title Manager			
Street Address 18 Kingstown Road		City Narragansett	State RI	Zip 02882	
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 Joy Rich		Manager Name			
Street Address 259 Curtis Corner Road		Street Address			
City Wakefield	State RI	Zip 02879	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 Thomas N. Tarzwell, Esq.		Address 490 Woodruff Avenue			
Address fg		City Wakefield, RI		Zip 02879	

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

File Date	10/14/04
Check No.	0687
By	WR
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.

Signature of Authorized Person: Joy Rich Date: _____
Print or Type Name of Authorized Person: Joy Rich