



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2019
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 122048		2. Exact name of the Limited Liability Company SIMPLE PLEASURES, LLC			
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island RETAIL SALES			
5. State of Formation RI					
6. Principal Office Address 5000 SOUTH COUNTY TRAIL		City CHARLESTOWN	State RI	Zip 02813	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ALBERT REYNOLDS			Contact Title MEMBER/PRESIDENT		
Street Address 5000 SOUTH COUNTY TRAIL		City CHARLESTOWN	State RI	Zip 02813	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person ALBERT REYNOLDS				Date 9-28-19	
Signature of Authorized Person SIGN DOCUMENT HERE					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

OCT 07 2019 *KAM*

BY 12881