STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State

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. 129041	2. Exact name of the limited liability company GRACE EMPORIA, LLC
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island WHOLESALE & RETAIL OF IMPORTED APPAREL

5. Principal office address 780 NORTH MAIN RD   City JAMESTOWN   State RI   Zip 02835

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name ANTHONY J. CALISE   Contact Title MANAGER

Street Address 780 NORTH MAIN RD.   City JAMESTOWN   State RI   Zip 02835

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS   ("X" BOX FOR ATTACHMENT) ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name ANTHONY J. CALISE (office)	Manager Name ROBERTA G. CALISE (sales)
Street Address 780 N. MAIN RD.	Street Address 780 N. MAIN RD.
City JAMESTOWN State RI Zip 02835	City JAMESTOWN State RI Zip 02835
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 ANTHONY J. CALISE	Address
Address 780 NORTH MAIN ROAD	City JAMESTOWN Zip 02835-

NO CHANGES SINCE LAST REPORT

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

FILED 2041
File Date
Check No. SEP 12 2006
By 469
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   Date 7-31-06

ANTHONY J. CALISE
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _2004_

Filing Period: September 1 - November 1 ● *Filing Fee: $50.00*

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
129041	*GRACE EMPORIA, LLC*

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
R I	*WHOLESALE + SOME RETAIL OF IMPORTED APPAREL*

5. Principal office address	City	State	Zip
780 NORTH MAIN ROAD	*JAMESTOWN*	*RI*	*02835*

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ANTHONY J. CALISE	*CO-OWNER, MANAGER*

Street Address	City	State	Zip
780 NORTH MAIN RD	*JAMESTOWN*	*RI*	*02835*

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE

FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name			Manager Name		
ABOVE					
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	Address
ABOVE	
Address	City	Zip
fg		

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

FOR SECRETARY OF STATE USE ONLY	
File Date *6 30 05*	
Check No. *338*	
By: *DA*	

Signature of Authorized Person   *JUNE 26, 2005*
Date

ANTHONY J. CALISE
Print or Type Name of Authorized Person

Form 632 Rev. 6/02