



**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. <b>122048</b>		2. Exact name of the limited liability company <b>Simple Pleasures, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>RETAIL SALES</b>			
5. Principal office address <b>5000 South County Trail</b>			City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Albert Reynolds</b>			Contact Title <b>Member/President</b>		
Street Address <b>5000 South County Trail</b>			City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
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			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 <b>CHERRIE R. PERKINS, ESQ.</b>			Address		
Address <b>66 MAIN STREET, SUITE 3</b>			City <b>WAKEFIELD</b>	Zip <b>02879-</b>	

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



File Date <u>11/23</u>	*122048*
Check No. <u>1214</u>	
By: <u>[Signature]</u>	
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] 11-19-05  
Signature of Authorized Person Date

**Albert Reynolds, Member**  
Print or Type Name of Authorized Person



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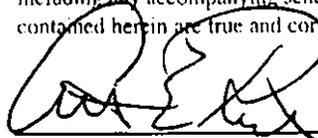
1 ID No <b>122048</b>		2 Exact name of the limited liability company <b>Simple Pleasures, LLC</b>			
3 State of Formation <b>RHODE ISLAND</b>		4 Brief description of the character of the business which is actually conducted in Rhode Island <b>RETAIL SALES</b>			
5 Principal office address <b>5000 South County Trail</b>			City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Albert Reynolds</b>			Contact Title <b>President</b>		
Street Address <b>5000 South County Trail</b>			City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
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			Manager Name		
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>CHERRIE R. PERKINS, ESQ.</b>			Address		
Address <b>66 MAIN STREET, SUITE 3</b>			City <b>WAKEFIELD</b>	Zip <b>02879-</b>	

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



\* 1 2 2 0 4 8 \*

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.



**11-22-04**

Signature of Authorized Person

Date

**Albert Reynolds, Member**

Print or Type Name of Authorized Person

File Date 12/15/04  
Check No. 5895  
By: W.  
FOR SECRETARY OF STATE USE ONLY



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with fields for: 1. ID No. (122048), 2. Exact name of the limited liability company (Simple Pleasures, LLC), 3. State of formation (RHODE ISLAND), 4. Brief description of the character of the business (retail sales), 5. Principal office address (5000 South Coway Trail, Charlestown, RI 02813), 6. Mailing address of limited liability company and name or title of contact person (Albert E. Reynolds, Member), 7. Name and address of each manager, 8. Resident agent in Rhode Island (Cherrie R. Perkins, Esq.).

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



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.

File Date: 4/17/03
Check No.: 4722
By: [Signature]
FOR SECRETARY OF STATE, USE ONLY

Signature of Authorized Person: [Signature]
Date: 09-30-03
Albert E. Reynolds, Member
Print or Type Name of Authorized Person