



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporation  
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)

1. ID No <b>121960</b>		2. Exact name of the limited liability company <b>BLESSINGS 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 CLOTHING / YARN SALES AND KNITTING INSTRUCTIONS</b>	
5. Principal office address <b>64 Deerfield Dr.</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02857</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>WM. CHARLAND, CPA</b>		Contact Title <b>Agent</b>	
Street Address <b>18 Imperial Pl., Unit 1-B</b>		City <b>Prov</b>	State <b>RI</b>
		Zip <b>02903</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
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 <b>WILLIAM CHARLAND</b>		Address	
Address <b>18 IMPERIAL PLACE</b>		City <b>PROVIDENCE</b>	Zip <b>02903-</b>

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



File Date	<b>9/29/05</b>	*121960*
Check No.	<b>4486</b>	
By:	<b>CPH</b>	
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.

**Paula Mary Charland** **9/26/05**  
Signature of Authorized Person Date  
**Paula Mary Charland, owner**  
Print or Type Name of Authorized Person



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 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 121960		2. Exact name of the limited liability company BLESSINGS LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RETAIL CLOTHING / YARN SALES AND KNITTING INSTRUCTIONS	
5. Principal office address 64 Deerfield Dr		City Providence	State RI
		Zip 02857	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Wm. Charland, CPA Contact Title Agent			
Street Address 18 Imperial Pl, unit 1-G		City Prov	State RI
		Zip 02903	
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 REQUIRED <input type="checkbox"/>			
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 WILLIAM CHARLAND		Address	
Address 18 IMPERIAL PLACE		City PROVIDENCE	Zip 02903

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



\* 1 2 1 9 6 0 \*

File Date	9/9/04
Check No.	3451
By:	DA
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.

Paula Mary Charland 9/8/04  
Signature of Authorized Person Date  
Paula Mary Charland, owner  
Print or Type Name of Authorized Person



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)

1. ID No. 121960	2. Exact name of the limited liability company BLESSINGS LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RETAIL CLOTHING / YARN SALES AND KNITTING INSTRUCTIONS	
5. Principal office address 64 Deerfield Drive		City No. Scituate	State R.I.
		Zip 02857	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name William F. Charland, CPA		Contact Title Agent	
Street Address 18 Imperial Place, Unit 1-G		City Providence	State RI
		Zip 02903	
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
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 WILLIAM CHARLAND		Address	
Address 18 IMPERIAL PLACE		City PROVIDENCE	Zip 02903

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



\* 1 2 1 9 6 0 \*

File Date	11/3/03
Check No.	2781
By:	<i>[Signature]</i>
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.

*Paula Mary Charland* 10/30/03  
Signature of Authorized Person Date  
*Paula Mary Charland, owner*  
Print or Type Name of Authorized Person



# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 121960		2. Exact name of the limited liability company BLESSINGS LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Retail Clothing/Yarn sales + Knitting instructions.			
5. Principal office address 64 Deerfield Dr		City No. Scituate		State R.I.	Zip 02857
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name William F. Charland, CPA			Contact Title Agent		
Street Address 18 Imperial Place, Unit 1-G		City Providence		State R.I.	Zip 02903
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			
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 WILLIAM CHARLAND			Address		
Address 18 IMPERIAL PLACE			City PROVIDENCE	Zip 02903-	

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



\* 1 2 1 9 6 0 \*

File Date	9.9.02
Check No.	1286
By:	<i>[Signature]</i>
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.

*Paula Mary Charland* 9/5/02  
Signature of Authorized Person Date  
*Paula Mary Charland, owner*  
Print or Type Name of Authorized Person