

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L.ID No 2. Exact name of the limited liability company **BLESSINGS LLC** 121960 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island RETAIL CLOTHING / YARN SALES AND KNITTING INSTRUCTIONS **RHODE ISLAND** 5. Principal office address ロエを5フ NO J CITUATE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: 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 Zip State Ζip City State Manager Name Manager Name Street Address Sirect Address City City State Zip State Zip8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.I., 7-16-11 Agent Name Address WILLIAM CHARLAND Address City Ζ(p 18 IMPERIAL PLACE PROVIDENCE 02903-

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

File Date	9/29/05 121960	
Check No	. 4486	
Ву:	C/r	•
	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 berein are true and correct

Caula Mary Harland 9/26/05



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	r 1 - November 1	• Filing Fee: \$50	OWT KELOK! LOI	THE YEAR	<u> </u>		
(FORM MUST BE TYPED OR	PRINTED IN BLACK)				—— —		
1 14	1 II) No. 2 Exact name of the Harris Line.						
3. State of Formation	4. Brief descript	on of the chameter of the h					
RHODE ISLAND	RETAIL CL	OTHING / YARN SALES	sines which is actually conducted in AND KNITTING INSTRUCTION	Rhode Island			
			AND KINT THE HASTRUCTION	45			
5 Principal office address	<u> </u>		City				
64 (X)	eerfield	Dr	1/2 5.1	te state	Zíp		
6. MAILING ADDRESS	OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTA	ae i Ri	02857		
Contact Name	1 1	^	Contact Title	CT PERSON:	,		
$ \omega M \cdot CN$	itland, ci	ra_	agent				
Street Address	arland, ci		City		<u> </u>		
18 Impe	rial PL, L	unit 1-6	Prov	State R1 ·	Zip		
7. NAME AND ADDRES	S OF EACH MANA	GER OF THE LIMITER	LIABILITY COMPANY, IF A	K-1	02903		
			ATTACHMENTS (WAS TELL	PPLICABLE			
	ODIFICATIONS TO) MANAGERS DECTION	ALINCHMENIS (-X. BOX	FOR ATTACHMENT)			
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
			.				
City	State	Ζφ	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
	1			.			
	RHODE ISLAND	· DO NOT ALTER - Ch	ranges require filing of For	m 642 · R.L.G.L. 7-36-11			
Agent Name			Address				
WILLIAM CHARLAND							
Address			Ctty	City Zip			
18 IMPERIAL PLACE			PROVIDENCE	0290)3-		
							

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

*	2			

File Date	9/9/04			
Check No.	3451			
Ву:	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.

Signature of Authorized Person

Date / /

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



18 IMPERIAL PLACE

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, Rt 02903-1335 401,222,3040

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company 1. ID No. 121960 **BLESSINGS LLC** 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation RETAIL CLOTHING / YARN SALES AND KNITTING INSTRUCTIONS **RHODE ISLAND** LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: ("X" BOX FOR ATTACHMENT) \square ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Shiringer Name Manager Name Street Address Sirect Address State Z.ip City State 7.Ip Manager Name Manager Name Sincer Address Street Address State Zip 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 Address Agent Name **WILLIAM CHARLAND** Z.Ip Address

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

PROVIDENCE

* 1 2 1 9 6 0 *
File Date 11303
Check No.
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.

02903-

O 1/2 M

Signature of Authorized Perfe

10/36/6 Date

Paula Mary Charland, owner

Print or Type Name of Authorized Person



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

	eptember 1 - November 1		0.00					
FORM MUST BE 1 1. ID No.	TYPED OR PRINTED IN BLA		 					
121960	BLESSINGS LLC	2. Exact name of the limited liabilty company BLESSINGS LLC						
3. State of Formation		tion of the character of the	business which is actually conducted in	Rhode Island				
RHODE ISLAND	I		n sales + Knitting		i. Vons:			
S. Principal office a GY Dee	orfield dr	, <u> </u>	No. Scituate	State P. I.	D2857			
6. MAILING AL	DDRESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE O	F CONTACT PER	SON:			
Contact Name			Contact Title Qent					
Sireci Address Im	. F. Charland perial Place,	Unit 1-G	Providence	State L. I.	02903			
			MITED LIABILITY COMPAN	Y, IF APPLICABL	.E			
	FILL IN SP	ACES BEFORE USING	FATTACHMĖNTS ("X" BOX FO	OR ATTACHMENT 🔲				
	ANY MODIFICATIONS	TO MANAGERS REQU	IRES FILING OF AMENDMENT. R.I.	G.L 7-16-12 (a) (2) /	7-16-52			
anager Nume			*Manager Name					
			:					
ireei Address	·		* Street Address					
			_					
City	State	Zip	City	State	Zip			
,		J]]			
fanager Name			*Manager Name					
Street Address			*Street Address		<u> </u>			
City	State	Zip	•City	State	Zip			
			•	3.2 .0	" "			
. RESIDENT AC	ENT IN RHODE ISLAN	D-DO NOT ALTER- CH	anges require filing of For	m 642 - R.I.G.L. 7-1				
gent Name		<u>-</u> 4	Address	101.0.0				
	ND	•						
WILLIAM CHARLA	415							
			City	IZi	D			
WILLIAM CHARLA Iddress 18 IMPERIAL PLAC			1 1	Zij				
Address			City PROVIDENCE		р 02903- 			

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



File Date	9.9.02			
Check No.	1286			
Ву:	2			
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and	affirm that I have exan	nined
this report, including any accompanyin	g schedules and statem	
and that all statements contained herein	are true and correct.	1.
Paula Mary	Kaland	9/5/62
Signature of Authorized Person	Date	1/
Paula Mary Charland,	owner	
Print or Type Name of Authorized Perstin		