



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. 104169		2. Exact name of the limited liability company GALA Gifts, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RETAIL GIFT STORE	
5. Principal office address 19 BELL SCHOOL HOUSE ROAD		City WEST KINGSTON	State RI
		Zip 02892	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RONALD N. ST. SAUVEUR		Contact Title	
Street Address 19 BELL SCHOOL HOUSE ROAD		City WEST KINGSTON	State RI
		Zip 02892	
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 SUSAN J. ST. SAUVEUR		Manager Name	
Street Address 19 BELL SCHOOL HOUSE ROAD		Street Address	
City WEST KINGSTON	State RI	Zip 02892	
Manager Name		Manager Name	
Street Address		Street Address	
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 RONALD N. ST. SAUVEUR		Address	
Address 19 BELL SCHOOL HOUSE ROAD		City WEST KINGSTON	Zip 02892

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



File Date	10/25/05 *104169*
Check No.	2605
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.

[Signature] **10/24/05**
Signature of Authorized Person Date
SUSAN ST. SAUVEUR
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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1 ID No. 104169		2 Exact name of the limited liability company GALA Gifts, L.L.C.	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island RETAIL GIFT STORE	
5 Principal office address 19 BELL SCHOOL HOUSE ROAD		City WEST KINGSTON	State RI
		Zip 02892	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RONALD N. ST. SAUVEUR		Contact Title	
Street Address 19 BELL SCHOOL HOUSE ROAD		City WEST KINGSTON	State RI
		Zip 02892	
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 SUSAN J. ST. SAUVEUR		Manager Name	
Street Address 19 BELL SCHOOL HOUSE ROAD		Street Address	
City WEST KINGSTON	State RI	Zip 02892	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City State Zip	City State Zip	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 RONALD N. ST. SAUVEUR		Address	
Address 19 BELL SCHOOL HOUSE ROAD		City WEST KINGSTON	Zip 02892

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



* 1 0 4 1 6 9 *

File Date 9/28/04
Check No 2575
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.

Susan St. Sauveur 9/27/04
Signature of Authorized Person Date
SUSAN ST. SAUVEUR
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 3030

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. 104169		2. Exact name of the limited liability company GALA Gifts, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RETAIL GIFT STORE	
5. Principal office address 19 BELL SCHOOL HOUSE RD		City: WEST KINGSTON	State: RI
		Zip: 02892	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RONALD N. ST. SAUVEUR % GALA GIFTS LLC		Contact Title	
Street Address 19 BELL SCHOOL HOUSE RD		City: WEST KINGSTON	State: RI
		Zip: 02892	
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 SUSAN ST. SAUVEUR		Manager Name	
Street Address 19 BELL SCHOOL HOUSE RD		Street Address	
City: WEST KINGSTON	State: RI	Zip: 02892	
Manager Name		Manager Name	
Street Address		Street Address	
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 RONALD N. ST. SAUVEUR		Address	
Address 801 TIOGUE AVENUE		City: COVENTRY	Zip: 02816

RECEIVED
 SECRETARY OF STATE
 CORPORATE DIV.
 OCT 21 1 30 PM '03

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



* 1 0 4 1 6 9 *

FILED

File Date: OCT 21 2003
 Check No: By M 9609 GAB
 By: _____

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.

Susan St. Sauveur 10/17/03
 Signature of Authorized Person Date

SUSAN ST. SAUVEUR
 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. 104169		2. Exact name of the limited liability company GALA Gifts, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RETAIL GIFT STORE	
5. Principal office address 801 TIOGUE AVENUE		City COVENTRY	State RI
		Zip 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RONALD N. ST. SAUVEUR c/o GALA GIFTS LLC.		Contact Title	
Street Address 801 TIOGUE AVENUE		City COVENTRY	State RI
		Zip 02816	
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 SUSAN ST. SAUVEUR		Manager Name	
Street Address 19 BELL SCHOOL HOUSE ROAD		Street Address	
City WEST KINGSTON	State RI	Zip 02892	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State		State	
Zip		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 RONALD N. ST. SAUVEUR		Address	
Address 801 TIOGUE AVENUE		City COVENTRY	Zip 02816

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



* 1 0 4 1 6 9 *

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.

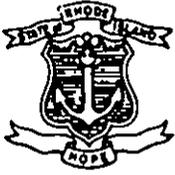
Susan St. Sauveur 10/25/02
Signature of Authorized Person Date

SUSAN ST. SAUVEUR
Print or Type Name of Authorized Person

File Date	10 28 02
Check No.	2469
By:	<i>RS</i>
FOR SECRETARY OF STATE USE ONLY	

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 104169

Annual Report for the year 2001

1. The name of the limited liability company is:

GALA Gifts, L.L.C.

2. The address of the principal office of the limited liability company is:

801 TIOGUE AVENUE COVENTRY, RI 02816

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: RONALD N. ST. SAUVEUR

801 TIOGUE AVENUE COVENTRY RI 02816

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: RONALD N. ST. SAUVEUR % GALA GIFTS LLC

801 TIOGUE AVENUE COVENTRY, RI 02816

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: RETAIL GIFTS

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

SUSAN ST. SAUVEUR

19 BELL SCHOOL HOUSE RD WEST KINGSTON, RI 02892

Dated

9/25/01

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.

GALA GIFTS, L.L.C.

Exact Name of Limited Liability Company

By

Susan St Sauver

Managing Member

Title



1 0 4 1 6 9

FOR SECRETARY OF STATE USE ONLY

File Date:

9-27-01

Check No.:

2186

By:

z

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 104169

Annual Report for the year 2000

1. The name of the limited liability company is:

GALA Gifts, L.L.C.

2. The address of the principal office of the limited liability company is:

793 TIOGUE AVENUE COVENTRY, RI 02816

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: RONALD N. ST. SAUVEUR

793
801 TIOGUE AVENUE COVENTRY RI 02816

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: RONALD N. ST. SAUVEUR

793 TIOGUE AVENUE COVENTRY, RI 02816

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: RETAIL GIFT STORE

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated 10/10/2000



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.

GALA GIFTS LLC

Exact Name of Limited Liability Company

By Ronald St Sauveur

MANAGING MEMBER

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/19</u>
Check No.:	<u>1829</u>
By:	<u>2</u>