	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business	s Services	
	148 W. River S		
Providence RI 02904-2615			
HOPE	(401) 222-30	40	
Limited Liability Cor Annual Report Filing Period: September			
	L. 7-16-66(d), each limited liability com hin thirty (30) days after the time presc		
16-66(b&c)) is subject to a			
ANNUAL REPORT YEAR	R: <u>2020</u>		
1. ID No. <u>000121960</u>			
2. Exact Name of the Limited Liability Company <u>BLESSINGS LLC</u>			
3. State of Formation			
State: <u>RI</u>			
0	Code that best describes the primary pre information on <u>NAICS</u> can be found		the entity. Download
<u>448120</u>			
4. Brief Description of t	he Character of the Business Whick	n is Actually Conducted	d in Rhode Island
RETAIL CLOTHING	/ YARN SALES AND KNITTING	<u>INSTRUCTIONS</u>	
5. Principal Office Addr	ress		
No. and Street: 45	570 OLD POST RD		
	HARLESTOWN State:	<u>RI</u> Zip: <u>02813</u>	Country: <u>USA</u>
6. Mailing Address of L	imited Liability Company and Nam	e or Title of Contact Pe	erson:
Contact Name: WILLIAM CHARLAND Contact Title:			
No. and Street: 18 IMPERIAL PLACE, UNIT 1-D			
City or Town: PRO	VIDENCE	State: <u>RI</u> Zip: <u>0290</u>	<u>3</u> Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	ess
	First, Middle, Last, Suffix	Address, City or Town, St	tate, Zip Code, Country
8. RESIDENT AGENT IN	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

WILLIAM CHARLAND 18 IMPERIAL PLACE PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 2 Day of November, 2020 at 1:13:48 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>PAULA M CHARLAND</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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