

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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Entity ID Number	2. Exact name of the Limited Li	ability Company	· · ·		
000795426 Simple Pleasures Providence LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
Retail store of gifts		hing, jewelry, etc.			
5. State of Formation			t		
Rhode Island			1		
6. Principal Office Address		City	State	Zıp	
6 Richmond Square		Providence	ŔI	02906	
7. Mailing Address of Limited	Liability Company and Name or Title	e of Contact Person	<u> </u>	I	
Contact Name Mary Moore	9	Contact Title Owner			
Street Address 6 Richmon	d Square	City Providence	State RI	^{Zip} 02906	
B. The Resident Agent inform	nation currently of record with the RI	Department of State is accura	ate Changes require	e filing Form 642.	
	, I declare and affirm that I have ex tements contained herein are true		ng any accompany	ring schedules and	
Name of Authorized Person			Date		
Mary Moore			4/24/2024		
Signature of Authorized Pers	on - 100 S	22			
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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