A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street, Providence, RI 02904-2615 401.222.3040



## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No.	2. Exact	name of the l	imited liabilty company					
159266	SAF S	SPORTS, LLC						
3. State of Formation 4. Brief description of the ch		•	character of the business which is actually conducted in Rhode Island					
RHODE ISLAND Purchase as		and sale of sport	s collectibles					
5. Principal office address				City	State	Zip		
57 CHARTER OAK COURT				NORTH KINGSTOWN	RI	02852-		
MENTANT PROTECTION	নকে ইণ্ডট	THE WILL	Print Runging	eginde in executivativation lista.	रिकार के अस्ति है।			
Contact Name				Contact Title	•			
Samuel Finelli, Jr.				.Manager				
Street Address				City	State	Zip		
57 Charter Oak Court				.North Kingstown	RI	02852		
	175							
				ing species and the second				
				60-2016 Tel 62-2017 Tel 62-66	Participate 19 year			
Manager Name				• Manager Name				
Samuel Finelli, Jr.				•				
Street Address				• Street Address	• Street Address			
57 Charter Oak	Cour	t		•				
City		State	Zip	• City	State	Zip		
North Kingstov	vn	RI	02852					
Manager Name				Manager Name		20.00		
				•	·-	<u> </u>		
Street Address				Street Address		NOV		
C'r.		State	Zip	City	State	Zip		
City		State	Z.Ip	·	Xaic	ا ت		
Agent Name				Address				
'					50 PARK ROW WEST, SUITE 111			
STEPHEN J. DIGIANFILIPPO, ESQ.						<u> </u>		
Address				City	Zip	UT I		
				PROVIDENCE	029	03 -		

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

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NOV	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
By	and that all statements contained herein are true and correct.
File Date  Check No.	Signature of Abthorized Person Date
Bv:	Samuel Finelli, Jr.
FOR SECRETARY OF STATE USE ONLY	Frint or Type Name of Authorized Person Form 632 Rev. 12/0