

1. Entity ID No.

Rhode Island

5. Principal office address 53 Beacon Drive

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Bold r Dash Race, LLC

Physical Fitness

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

2. Exact name of the limited liability company

4. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

4. Brief description of the character of business conducted in Rhode Island

North Kingstown

State

RI

Zip **02852**

Lynn Hali Street Address 53 Beacon Orive			Member		
			Cky North Kingston	State RI	2lp 02852
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - DO	NOT LIST MEMBERS
Manager Name Street Address			Manager Name Street Address		
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
B. RESIDENT AGENT IN FIHODE			wtery of State. Changes require fills		
FILED NOV 27 2012 By	<u>2</u> 3				
Check No			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying echedules and statements, and that all statements contained herein are true and correct. Signature of Authorized Person Lynn Hall		
orm No. 632			Print or Type Name of Aut	horized Person	
levised: 01/2012					