	State of Rhode Island and Providence Plantation Office of the Secretary of State	ns Fee: \$50
	Division Of Business Services 148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liphili		
imited Liabili nnual Report		
	tember 1 - November 1	
accordance with	h R.I.G.L. 7-16-66(d), each limited liability company failing or refusing	
o file its annual re _l	port within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
6-66(b&c)) is sub	ject to a penalty fee of \$25.00.	
ANNUAL REPOR	T YEAR: <u>2016</u>	
1. ID No. <u>00</u>	01022105	
2. Exact Name of	of the Limited Liability Company <u>RI GOLF CARTS, LLC</u>	
3. State of Form	nation	
State: <u>RI</u>		
	ARTICLE III	
Using the followin	ARTICLE III	ness.
Using the followin		ness. <u>44-45</u>
NAICS Code	ng NAICS codes, please select the code that best describes your busin	<u>44-45</u>
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NAICS Code 4. Brief Descript SERVICE AND	In NAICS codes, please select the code that best describes your busines of the Character of the Business Which is Actually Conducte O SALES OF USED GOLF CARTS.	<u>44-45</u>
NAICS Code 4. Brief Descript SERVICE AND 5. Principal Offic	In AICS codes, please select the code that best describes your busines of the Character of the Business Which is Actually Conducte O SALES OF USED GOLF CARTS.	<u>44-45</u>
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NAICS Code 4. Brief Descript <u>SERVICE AND</u> 5. Principal Offic No. and Street: City or Town:	AND A CS codes, please select the code that best describes your busines with the character of the Business Which is Actually Conducte <u>O SALES OF USED GOLF CARTS.</u> <u>Ce Address</u> <u>179 PAINE STREET</u> <u>WARWICK</u> State: <u>RI</u> Zip: <u>02889</u>	<u>44-45</u> d in Rhode Island
NAICS Code 4. Brief Descript SERVICE AND 5. Principal Offic No. and Street: City or Town:	In NAICS codes, please select the code that best describes your busin ion of the Character of the Business Which is Actually Conducte O SALES OF USED GOLF CARTS. Ce Address <u>179 PAINE STREET</u>	<u>44-45</u> d in Rhode Island
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NAICS Code 4. Brief Descripting SERVICE AND 5. Principal Office No. and Street: City or Town: 6. Mailing Addreet Contact Name: No. and Street:	And NAICS codes, please select the code that best describes your busin and NAICS codes, please select the code that best describes your busin and the Character of the Business Which is Actually Conducte and SALES OF USED GOLF CARTS. and SALES O	<u>44-45</u> d in Rhode Island Country: <u>USA</u> erson:
NAICS Code 4. Brief Descripting SERVICE AND 5. Principal Office No. and Street: City or Town: 6. Mailing Addreet Contact Name: No. and Street:	And NAICS codes, please select the code that best describes your busin And NAICS codes, please select the code that best describes your busin And the Character of the Business Which is Actually Conducte SALES OF USED GOLF CARTS. SALES OF USED GOLF CARTS. CE Address <u>179 PAINE STREET</u> WARWICK State: <u>RI</u> Zip: <u>02889</u> Ess of Limited Liability Company and Name or Title of Contact Performed States (States) MATTHEW YEHLE Contact Title: <u>PRESIDENT</u>	<u>44-45</u> d in Rhode Island
NAICS Code 4. Brief Descripting SERVICE AND 5. Principal Office No. and Street: City or Town: 6. Mailing Addreet: Contact Name: No. and Street: City or Town:	Address of Each Manager of the Limited Liability Company, if App	<u>44-45</u> d in Rhode Island Country: <u>USA</u> erson: Country: <u>USA</u>
AICS Code 4. Brief Description SERVICE AND 5. Principal Office No. and Street: City or Town: 6. Mailing Addreet: Contact Name: No. and Street: City or Town: 7. Name and Addreet	Address of Each Manager of the Limited Liability Company, if App	44-45 d in Rhode Island Country: <u>USA</u> erson: Country: <u>USA</u> licable.

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

MATTHEW YEHLE 179 PAINE STREET WARWICK, RI 02889

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

Signed this 13 Day of September, 2016 at 4:12:22 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 MATTHEW YEHLE

Signature of Authorized Person

Form No. 632 Revised 09/07

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