



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000797973

2. Exact Name of the Limited Liability Company TSG Enterprises (RI), LLC

3. State of Formation

State: DE

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 451110

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO OWN, MANAGE, OPERATE AND INVEST IN SPORTING GOODS BUSINESSES; TO EXERCISE ALL OTHER POWERS NECESSARY TO OR REASONABLY CONNECTED WITH THE COMPANY'S BUSINESS THAT MAY BE LEGALLY EXERCISED BY LIMITED LIABILITY COMPANIES UNDER THE ACT; AND TO ENGAGE IN ALL ACTIVITIES NECESSARY, CUSTOMARY, CONVENIENT, OR INCIDENT TO ANY FOREGOING.

5. Principal Office Address

No. and Street: C/O CORPORATION SERVICE COMPANY
2711 CENTERVILLE ROAD, SUITE 400

City or Town: WILMINGTON

State: DE Zip: 19808 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: C/O TSG ENTERPRISES, LLC
89 CROSS STREET

City or Town: HOLLISTON

State: MA Zip: 01746 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DAVID M NECTOW	C/O TSG ENTERPRISES, LLC 89 CROSS STREET HOLLISTON, MA 01746 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

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

Signed this 19 Day of September, 2016 at 8:24:24 AM 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 DAVID M. NECTOW
Signature of Authorized Person

Form No. 632
Revised 09/07

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