State of Rhode Island aind Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2016 Limited Liability Company	
 → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. 	

		lot filed by Decei	iliber 1.			
1. Entity ID Number	2. Exact name of the Limited Liability Company Athletic Facility Solutions LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
42 - Wholesale Trade ▼	wholesale athletic equipment					
5. State of Formation RI						
6. Principal Office Address	City			State	Zip	
333 Riverside St	side St Portsmouth			RI	02871	
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person	·- 		
Contact Name Robert Furian			Contact Title Sole Member			
Street Address 333 Riverside St City Portsmouti			City Portsmouth	State RI	^{Zip} 02871	
	d addresses) o	f the Limited Liabil	lity Company, IF APPLICABLE - I	OO NOT LIST ME	MBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			Che	ck the box to indi	cate an attachment	
9. Resident Agent in Rhode Island						
Under penalty of perjury, I decide statements, and that all statements.	are and affirm ents contained	that I have exam herein are true a	ined this report, including any a and correct.	accompanying s	chedules and	
Name of Authorized Person			Date			
Robert Furlan			9/14/16			
Signature of Authorized Person						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov

