	State of Rhode Island and Providence PlantationsFee: \$50Office of the Secretary of State
	Division Of Business Services
	148 W. River Street
	Providence RI 02904-2615 (401) 222-3040
HOPE	(401) 222-3040
imited Liability (Company
Annual Report	per 1 - November 1
	.G.L. 7-16-66(d), each limited liability company failing or refusing within thirty (30) days after the time prescribed by law (R.I.G.L. 7-
	to a penalty fee of \$25.00.
ANNUAL REPORT Y	EAR: <u>2016</u>
1. ID No. <u>00133</u>	9286
2. Exact Name of the	ne Limited Liability Company Bowling Shoes LLC
3. State of Formation	on
State: <u>RI</u>	
	ARTICLE III
Using the following N	ARTICLE III AICS codes, please select the code that best describes your business.
	AICS codes, please select the code that best describes your business.
Using the following N	
NAICS Code	AICS codes, please select the code that best describes your business.
NAICS Code	AICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description	AICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description OWNERSHIP ANE	AICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description OWNERSHIP ANE 5. Principal Office A	AICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description OWNERSHIP ANE 5. Principal Office A No. and Street:	AICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description OWNERSHIP ANE 5. Principal Office A	AICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description OWNERSHIP AND 5. Principal Office A No. and Street: City or Town:	AICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description OWNERSHIP AND 5. Principal Office A No. and Street: City or Town: 6. Mailing Address of	AICS codes, please select the code that best describes your business. <u>53</u> of the Character of the Business Which is Actually Conducted in Rhode Island <u>MANAGEMENT OF REAL ESTATE</u> ddress <u>6810 POST ROAD</u> <u>NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02852</u> Country: <u>USA</u>
NAICS Code 4. Brief Description OWNERSHIP AND 5. Principal Office A No. and Street: City or Town: 6. Mailing Address of Contact Name: JEF No. and Street:	AICS codes, please select the code that best describes your business. <u>53</u> of the Character of the Business Which is Actually Conducted in Rhode Island <u>0 MANAGEMENT OF REAL ESTATE</u> ddress <u>6810 POST ROAD</u> <u>NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02852</u> Country: <u>USA</u> of Limited Liability Company and Name or Title of Contact Person: <u>FREY M. OWEN</u> Contact Title: <u>MEMBER</u> <u>6810 POST ROAD</u>
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DONALD M. GREGORY II, ESQ. 7630 POST ROAD NORTH KINGSTOWN, RI 02852

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

Signed this 25 Day of October, 2016 at 9:16:31 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 JEFFREY M. OWEN Signature of Authorized Person

Form No. 632 Revised 09/07

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