State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2017 Limited Liability Company	•
Filing period: September 1 - November 1	

→ Filing Fee: \$50.00		4 Start Inc. Dans	h 4	_			
→ Penalty: Additional \$25.	.00 fee it form is	not filed by Dece	mber 1.				
1. Entity ID Number	2. Exact nan	2. Exact name of the Limited Liability Company					
001339286	Bowling Sh	Bowling Shoes, LLC					
3. NAICS Code	ı	Brief description of the character of business conducted in Rhode Island Ownership and management of real estate.					
5. State of Formation RHODE ISLAND							
6. Principal Office Address			City	State	Zip		
6810 Post Road			North Kingstown	RI	02852		
7. Mailing Address of Limited	Liability Compar	ny and Name or Titl	le of Contact Person				
Contact Name Jeffrey M. Owen			Contact Title Member				
Street Address 6810 Post Road		City North Kingstown	State RI	^{Zip} 02852			
8. List ALL managers (name:	s and addresses) of the Limited Lial	bility Company, IF APPLICABLE	- DO NOT LIST	MEMBERS		
Manager Name Geoffrey P. Malo CPA			Manager Name				
Street Address 495 Post Road		Street Address					
City Warwick	State RI	Zip 02888	City	State	Zip		
Manager Name			Manager Name				
Street Address		Street Address					
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
9. Resident Agent in Rhode I	sland. This inform	ation is currently of re	ecord with the Department of State.	Changes require fili	ng Form 642.		
	declare and affi	rm that I have exa	mined this report, including a				
Name of Authorized Person				Date			
Jeffrey M. Owen				9/13	3/17		
Signature of Authorized Pers	on	SIGNE	OCUMENT HERE				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

FILED

SEP 1 5 2017

FORM 632 - Revised: 02/2017