



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  
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |   |               |                           |                     |
|---|-------|---|---------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>163139</b>  |       | 2. Exact name of the Limited Liability Company<br><b>QUADFIRE RACING, LLC</b>   |               |                           |                     |
| 3. NAICS Code <b>812990</b><br>81 - Other Services (except Public Administration)   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Buy and sell bicycles and related products and services</b> |               |                           |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |       |   |               |                           |                     |
| 6. Principal Office Address<br><b>922 Boston Neck Road</b>  |       | City<br><b>Narragansett</b>   |               | State<br><b>RI</b>        | Zip<br><b>02882</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |               |                           |                     |
| Contact Name <b>Matthew Bodziony</b>  |       |   | Contact Title |                           |                     |
| Street Address <b>922 Boston Neck Road</b>  |       | City <b>Narragansett</b>  |               | State <b>RI</b>           | Zip <b>02882</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |               |                           |                     |
| 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                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |               |                           |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |   |               |                           |                     |
| <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i> |       |   |               |                           |                     |
| Name of Authorized Person<br><b>Matthew Bodziony</b>  |       |   |               | Date<br><b>10/18/2017</b> |                     |
| Signature of Authorized Person<br><i>Math Bodz</i>  |       |   |               | SIGN DOCUMENT 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**

**OCT 30 2017**

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