



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**STAMP**

**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>1338964</b>   |                 | 2. Exact name of the Limited Liability Company<br><b>LBX COMBATIVES, LLC</b>   |                                       |                       |                     |
| 3. NAICS Code<br><b>311211</b>  |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>Manufacturing and selling combative accessories and stitch products.</b> |                                       |                       |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |                 |  |                                       |                       |                     |
| 6. Principal Office Address<br><b>530 Wellington Avenue</b>   |                 |  | City<br><b>Cranston</b>               | State<br><b>RI</b>    | Zip<br><b>02910</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                 |  |                                       |                       |                     |
| Contact Name <b>Guido R. Salvadore</b>  |                 |  | Contact Title <b>Registered Agent</b> |                       |                     |
| Street Address <b>10 Weybosset St., Suite 303</b>   |                 |  | City <b>Providence</b>                | State <b>RI</b>       | Zip <b>02903</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |                 |  |                                       |                       |                     |
| Manager Name <b>John Calto III</b>  |                 |  | Manager Name                          |                       |                     |
| Street Address <b>530 Wellington Avenue</b>   |                 |  | Street Address                        |                       |                     |
| City <b>Cranston</b>  | State <b>RI</b> | Zip <b>02910</b>   | 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>John Calto III, Manager</b>   |                 |  |                                       | Date<br><b>9/ /17</b> |                     |
| Signature of Authorized Person<br><br><p style="text-align: center;">SIGN DOCUMENT HERE</p>   |                 |  |                                       |                       |                     |

**MAIL TO:**  
 Division of Business Services  
 48 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED** *[Signature]*  
**JUN 05 2018**

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