No.

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 1338964	2. Exact name of the Limited Liability Company LBX COMBATIVES, LLC				
3. NAICS Code 31/2))	Brief description of the character of business conducted in Rhode Island Manufacturing and selling combative accessories and stitch products.				
5. State of Formation Rhode Island			•		
6. Principal Office Address 530 Wellington Avenue			City Cranston	State RI	Zip 02910
7. Mailing Address of Limited L	iability Compan	iy and Name or Tit			
Contact Name Guido R. Salvadore			Contact Title Registered Agent		
Street Address 10 Weybosset S	St., Suite 303		City Providence	State RI	Zip 02903
8. List ALL managers (names	and addresses)	of the Limited Lia	bility Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS
Manager Name John Caito III			Manager Name		
Street Address 530 Wellington Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zîp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u>_,I,</u>			Check the box to	indicate an attachment
9. Resident Agent in Rhode Isl	and. This informa	ation is currently of re	ecord with the Department of Sta	ate. Changes require filii	ng Form 642.
Under penalty of perjury, I do statements, and that all state	eclare and affii ements contair	m that I have exc ned herein are tru	nmined this report, including and correct.	ig any accompanyin	g schedules and
Name of Authorized Person				Date	·
John Calto ill, Manager				9/ /17	
Signature of Authorized Person	1	SIGN E	OCUMENT HERE		

MAIL TO:

Division of Business Services

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

hone: (401) 222-3040 Website: www.sos.ri.gov JUN 0 5 2018

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