



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 JAN 17 AM 11:12

Annual Report for the year: **2018**  
**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>001665629</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Spinov8 Distribution Company LLC</b>   |                    |
| 3. NAICS Code<br><b>423910</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Distribution of Adaptive Cycles and accessories</b> |                    |
| 5. State of Formation<br><b>RI</b>  |       |   |                    |
| 6. Principal Office Address<br><b>159 Allegra Lane</b>  |       | City<br><b>North Kingstown</b>  | State<br><b>RI</b> |
|   |       | Zip<br><b>02852</b>   |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                    |
| Contact Name<br><b>Scott Pellett</b>  |       | Contact Title<br><b>MBR</b>   |                    |
| Street Address<br><b>159 Allegra Lane</b>   |       | City<br><b>North Kingstown</b>  | State<br><b>RI</b> |
|   |       | Zip<br><b>02852</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 | City  | State              |
| Zip   |       | Zip   |                    |
| Manager Name  |       | Manager Name  |                    |
| Street Address  |       | Street Address  |                    |
| City  | State | City  | State              |
| Zip   |       | 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>Scott Pellett</b>   |       | Date<br><b>12-16-18</b>   |                    |
| Signature of Authorized Person  |       |   |                    |

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

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