S	tate of Rhode Island and Pro Office of the Secreta		\$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time prescr penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>00079669</u>	7		
2. Exact Name of the Li	mited Liability Company LEARFI	ELD LICENSING PARTNERS, LLC	1
3. State of Formation			
State: <u>DE</u>			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541613</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Islar	nd
SPORTS MARKETING	1		
5. Principal Office Addre	SS		
	<u>5 HOBBS RD</u> FERSON CITY State: MC	<u>)</u> Zip: <u>65109</u> Country: <u>USA</u>	
6. Mailing Address of Li	nited Liability Company and Name	or Title of Contact Person:	
	HOBBS RD		
City or Town: JEF	FERSON CITY State: MC	2 Zip: <u>65109</u> Country: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	tru /
MANAGER	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Coun 505 HOBBS ROAD JEFFERSON CITY, MO 65109 USA	шу

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 25 Day of September, 2019 at 10:56:26 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KELLY LETTMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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