



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2020
 Corporation

2019 NOV 13 PM 3:29

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000105955		2. Exact name of the Corporation Rike-on.com LLC	
3. Principal Office Address 72 College Street		City Warwick	State RI
		Zip 02886	
4. NAICS Code 45110	6. Brief description of the character of business conducted in Rhode Island online and Showroom Adaptive trikes, wheelchairs		
5. State of Incorporation RI		Reumbent trikes	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lynn Pellett		Vice-President Name Daniel Pellett	
Street Address 1017 Regal Manor Way		Street Address 75 Willow Street Unit B	
City Sun City CTR	State FL	Zip 33573	City Providence
			State RI
			Zip 02909
Secretary Name Christopher Coyne		Treasurer Name Lynn Pellett	
Street Address 2 Sandro Circle		Street Address 1017 Regal Manor Way	
City Warwick	State RI	Zip 02886	City Sun City CTR
			State FL
			Zip 33573
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Lynn Pellett		Director Name Daniel Pellett	
Street Address 1017 Regal Manor Way		Street Address 75 Willow St. Unit B	
City Sun City	State FL	Zip 33573	City Providence
			State RI
			Zip 02909
Director Name Christopher Coyne		Director Name	
Street Address 2 Sandro Circle		Street Address	
City Warwick	State RI	Zip 02886	City
			State
			Zip
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES STK
			PAR VALUE 1.000
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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.			
Name of Authorized Representative Lynn Pellett		FILED	Date 11-13-19
Signature of Authorized Representative 		NOV 13 2019	
		BY CM FTCXW	

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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