	State of Rhode Isla Office of the Secretary		Fee: \$50.0
	Division Of Business Ser	vices	
	148 W. River Stree		
	Providence RI 02904-2	615	
HOPE	(401) 222-3040		
Limited Liability Con Annual Report Filing Period: September :			
	7-16-66(d), each limited liability company nin thirty (30) days after the time prescribed penalty fee of \$25.00.		7.
ANNUAL REPORT YEAR	: <u>2020</u>		
1. ID No. <u>00079764</u>	<u>14</u>		
2. Exact Name of the L	imited Liability Company <u>ATHLETA</u>	LLC	
3. State of Formation			
State: <u>DE</u>			
Enter the six digit NAICS	Code that best describes the primary busi	ness conducted by	/ the entity. Download
-	Code that best describes the primary busine re information on <u>NAICS</u> can be found online the found online the found on th		y the entity. Download
the list of codes <u>here.</u> Mo <u>448140</u> 4. Brief Description of t	re information on <u>NAICS</u> can be found online he Character of the Business Which is a	Actually Conducto	
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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 30 Day of October, 2020 at 3:17:45 PM 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 MARK ABRAHAMS

Signature of Authorized Person

Form No. 632 Revised 09/07

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