



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

**FILED**

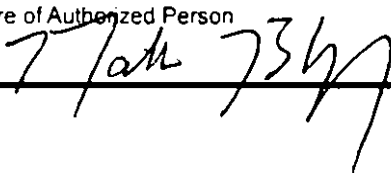
DEC 02 2020

RY 5745<sup>02</sup>

Annual Report for the year: **2020**

**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>1660114</b>                                                                                                                                                                       |       | 2. Exact name of the Limited Liability Company<br><b>NBX East Providence, LLC</b>                                                                                 |                     |                          |                                  |
| 3. NAICS Code<br><b>423910</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Selling, buying and dealing with bicycles and related products and services</b> |                     |                          |                                  |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                                                                                   |                     |                          |                                  |
| 6. Principal Office Address<br><b>3480 Post Road</b>                                                                                                                                                        |       | City<br><b>Warwick</b>                                                                                                                                            |                     | State<br><b>RI</b>       | Zip<br><b>02886</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                                                   |                     |                          |                                  |
| Contact Name <b>Matthew J. Bodziony</b>                                                                                                                                                                     |       |                                                                                                                                                                   | Contact Title       |                          |                                  |
| Street Address <b>3480 Post Road</b>                                                                                                                                                                        |       |                                                                                                                                                                   | City <b>Warwick</b> |                          | State <b>RI</b> Zip <b>02886</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 | Zip                                                                                                                                                               | City                | State                    | Zip                              |
| Manager Name                                                                                                                                                                                                |       |                                                                                                                                                                   | Manager Name        |                          |                                  |
| Street Address                                                                                                                                                                                              |       |                                                                                                                                                                   | Street Address      |                          |                                  |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                                                               | City                | State                    | 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>Matthew J. Bodziony</b>                                                                                                                                                     |       |                                                                                                                                                                   |                     | Date <b>11/22</b> , 2020 |                                  |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                                                                                   |                     |                          |                                  |

**MAIL TO:**

**Division of Business Services**

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