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State of Rhode Island

Department of State - Business Services Division

FILED

JAN 20 2021

BY 13074

Annual Report for the year: 2021

Corporation

→ 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	2. Exact name of the Corporation
000105955	bike-on.com, Inc

3. Principal Office Address	City	State	Zip
72 College St	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
451110	Online and showroom sales of adaptive trikes, wheelchairs, and recumbent trikes
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Daniel Pellett	3305 Little Country Road	Parrish	FL	34219

Vice-President Name	Street Address	City	State	Zip
Christopher Coyne	2 Sandro Circle	Warwick	RI	02886

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Daniel Pellett	3305 Little Country Road	Parrish	FL	34219

Director Name	Street Address	City	State	Zip
Christopher Coyne	2 Sandro Circle	Warwick	RI	02886

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Stk	.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	Date
Christopher Coyne	1/11/21

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615