

RI. DEPT. OF STATE
BUS SVCS DIV
2021 APR-5 AM.9: 19

Annual Report for the year: 2013 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	2. Exact name of the Limited Liability Company					
000154321	Kenton Athletics, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
446120	Bodycare products for athletes (distributor of products manufactured by a third-party)					
5. State of Formation	1					
RI						
6. Principal Office Address	1		City	State	Zip	
47 Squaw Sachem Trl			Concord	MA	01742	
7. Mailing Address of Limited Lia	bility Compan	y and Name or Tit				
Contact Name Kenton Shirk			Contact Title Director			
Street Address 47 Squaw Sachem Trl			City Concord	State MA	^{Z p} 01742	
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	Zio	
Manager Name	•	•	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
····	1	1	<u> </u>	Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
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 Person				Date	Date	
Kenton M. Shirk				4/2/2021	4/2/2021	
Signature of Authorized Person ASIGN COLUMNIA HERE						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

APR 05 2021

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