	State of Rh Office of the Se		ate	Fee: \$50.00
	Division Of Bu	siness Services		
	148 W. Ri	ver Street		
	Providence R	I 02904-2615		
1636	(401) 22	22-3040		
Limited Liability Company Annual Report Filing Period: February 1 - May 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024				
1. ID No. 000792715				
2. Exact Name of the Limited Liability Company <u>IMPLUS FOOTCARE, LLC</u>				
3. State of Formation				
State: <u>DE</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>424340</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
WHOLESALE/RETAIL SALE OF FOOT CARE/SHOE CARE PRODUCTS, SOCKS, ICE				
TRACTION DEVICES, HAND/TOE WARMERS AND HOME FITNESS EQUIPMENT				
5. Principal Offic	e Address			
No. and Street:	<u>2001 T.W. ALEXANDER DR.</u> BOX 13925			
City or Town:	DURHAM	State: <u>NC</u>	Zip: <u>27709</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: (				
No. and Street:	2001 T.W. ALEXANDER DR.			
City or Town:	BOX 13925 DURHAM	State: NC	Zip: <u>27709</u>	Country: <u>USA</u>

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 23 Day of April, 2024 at 6:31:08 AM 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 MICHAEL POLK

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved