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State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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REC'D RIDOS BSD '24 MAY 6 PMS:05:58	REC'D RIDGS BSD

1. Entity ID Number	2 Exact name of the Limited Lia	hility Company			
	2. Exact name of the Limited Liability Company				
DOI 71 00 71 07	2 Utimissy	Appaul Compan	Y		
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
315120	sports apponel				
5. State of Formation	•				
RI					
6. Principal Office Address		City	State	Zip	
able victory	- twy	Greene	Ri	02822	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Casey Quirk		foundo			
Street Address		City	State	Zip	
are warm	y Thuy	been	Ri	62827	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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 10 - 0		
Signature of Authorized Person					

FILED 11:52
MAY 22 2024
BY C4BW5
AM

MAIL TO:

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

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