

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

Annual Report for the year: 2025 **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.

| 1. Entity ID Number | 2 Exact name of the Limited Lia | hility Company | | |
|---|---|---------------------|-------------|----------------------|
| 1 | 2. Exact name of the Limited Liability Company | | | |
| 001742724 | LaBoss Training LLC | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 611620 | LaBoss Training offers youth develement clincis for plater. We aim to motivate and instruct aspiring athletics by poviding meticulously plann athletic/education training sessions. | | | |
| 5. State of Formation | | | | |
| RI | | | | |
| | | | | |
| 6. Principal Office Address | | City | State | Zip |
| 645 Camp Dixie Rd | | Pacoag | RI | 02859 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name Greg LaBossiere | | Contact Title Owner | | |
| Street Address 645 Camp Dixie Rd | | City Pascoag | State RI | ^{Zip} 02859 |
| 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 | |
| Greg LaBossiere | | | 6/2/2025 | |
| Signature of Authorized Person | | | | |

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JUN 09 2025

MAIL TO:

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

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