RI SOS Filing Number: 202330280930 Date: 3/8/2023 3:28:00 PM

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hode Island

ment 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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| 1. Entity ID Number | 2. Exact name of the Limited Liat | | | 7 | | |
|--|---|----------------|----------|----------|--|--|
| 488138 | Legend Bicycle, LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 45911() | Retail Sales and Service of | | | | | |
| 5. State of Formation | Bicycles + accessories | | | | | |
| 121 | ercycles 7 Revers | | | | | |
| 6. Principal Office Address | | City | State | Zip | | |
| 181 Brook | 5+ | providence | RI | 02906 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| | winadden III Contact Title managing member | | | | | |
| Street Address 21 A/1 | Ged Drown Rd | Cin Berrington | State R/ | 24 02806 | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. 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 John W. Mailder It 3/8/23 | | | /23 | | | |
| Signature of Authorized Person M. W. L. C. | | | | | | |
| | | | | | | |

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NAIL TO:

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

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