



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**


**Annual Report for the year:** 2016

**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<br><b>000698568</b>   |       | 2. Exact name of the Limited Liability Company<br><b>SPARTAN BAT CO LLC</b>  |                            |                           |                     |
| 3. NAICS Code<br>44-45 - Retail Trade <input type="checkbox"/>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>WOOD BAT RETAILER AND ANY OTHER BUSINESS ALLOWED BY STATE LAW.</b> |                            |                           |                     |
| 5. State of Formation<br><b>RI</b>  |       |  |                            |                           |                     |
| 6. Principal Office Address<br><b>83 VERMONT AVE SUITE 3</b>  |       | City<br><b>WARWICK</b>   |                            | State<br><b>RI</b>        | Zip<br><b>02888</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                            |                           |                     |
| Contact Name <b>MARK MERCURIO</b>   |       |  | Contact Title <b>OWNER</b> |                           |                     |
| Street Address <b>83 VERMONT AVE SUITE 3</b>  |       | City <b>WARWICK</b>  |                            | State <b>RI</b>           | Zip <b>02888</b>    |
| 8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>  |       |  |                            |                           |                     |
| Manager Name <b>NONE</b>  |       | Manager Name   |                            |                           |                     |
| Street Address  |       | Street Address   |                            |                           |                     |
| City  | State | Zip  | City                       | State                     | Zip                 |
| Manager Name  |       | Manager Name   |                            |                           |                     |
| Street Address  |       | Street Address   |                            |                           |                     |
| City  | State | Zip  | City                       | State                     | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |                            |                           |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |                            |                           |                     |
| <b>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.</b> |       |  |                            |                           |                     |
| Name of Authorized Person<br><b>DAVE HUNTOON CPA</b>  |       |  |                            | Date<br><b>09/12/2016</b> |                     |
| Signature of Authorized Person<br>   |       |  |                            |                           |                     |

**MAIL TO:**

**Division of Business Services**

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

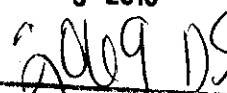
Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

**SEP 29 2016**

**BY**



FORM 632 - Revised: 08/2015