



State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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.

1. ID No. 001091717		2. Exact name of the limited liability company Spartan, LLC		3. NAICS Code 531190	
4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase, hold, sell, and otherwise deal in equity interests				5. State of Formation Rhode Island	
6. Principal office address 150 Chestnut Street		City Providence		State RI	Zip 02903
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name C. Scott Carlisle		Contact Title Manager			
Street Address 150 Chestnut Street		City Providence		State RI	Zip 02903
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name C. Scott Carlisle		Manager Name			
Street Address 150 Chestnut Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

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

FILED

OCT 06 2017

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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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

C. Scott Carlisle 9/25/17
Signature of Authorized Person Date

C. Scott Carlisle, Manager

Print or Type Name of Authorized Person