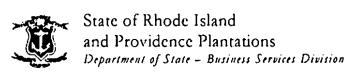


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Spartan, LLC

2. Exact name of the limited liability company

4. Brief description of the character of the business which is actually conducted in Rhode Island

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

3. NAICS Code 531190

5. State of Formation

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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.

Purchase, hold, s	ell, and otherwise	e deal in equity in	terests	Rhode	Rhode Island	
6. Principal office address			City Providence	State RI	21p 02903	
150 Chestnut St					1 02303 _	
	S OF LIMITED LIABIL	JITY COMPANY AND	NAME OR TITLE OF CONTAC	I PERSON:	<del></del>	
Contact Name C. Scott Carlisle			Manager			
Street Address		·	City	State	Zip	
150 Chestnut Street			Providence	RI	02903	
NAME AND ADDRE	FILL IN SPACES	R OF THE LIMITED I BEFORE USING ATTA	IABILITY COMPANY, IF APP CHMENTS ("X" BOX FOR Manager Name	LICABLE - <u>DO NOT</u>	LIST MEMBERS	
Street Address 150 Chestnut Str	eet		Street Address			
City Providence	State RI	2 <i>ip</i> 02903	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	This report mus.	OCT 0 6 20	norized person pursuant to R.I 17 Under penalty of perjury, including any accompany	I declare and affirm that I		
		8°	sentained herein are true a	nd correct.		
File Date			Signature of Authorized Po	rson L	9/25/17	
Check No.			Signature of Authorized Po		9/25/17 Dave	