



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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2020 NOV 12 A 11: 20

**Annual Report for the year: 2020**  
**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 000789695		2. Exact name of the Limited Liability Company Sportsman, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Own real estate			
5. State of Formation Rhode Island					
6. Principal Office Address 116 Orange Street			City Providence	State RI	Zip 02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Clayton A. Rockefeller			Contact Title		
Street Address 116 Orange Street			City Providence	State RI	Zip 02903
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Clayton A. Rockefeller			Manager Name		
Street Address same as above			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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Clayton A. Rockefeller				Date	
Signature of Authorized Person 					

**FILED** 

**NOV 12 2020**

BY CA # 21446  
 11:20

**MAIL TO:**  
 Division of Business Services  
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