



State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: **2021**

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 ☐					
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 Clay Rockefeller				Date 10/18/2021	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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