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State of Rhode Islan  Department of St	d ate - Business Services Division	_CCD &	
Annual Report for the year:	2024	DCS E	
<ul> <li>→ Filing period: February 1 -</li> <li>→ Filing Fee: \$50.00</li> </ul>	- May 1	04:35	

1. Entity ID Number 001736919		2. Exact name of the Limited Liability Company Travis Capital Partners, LLC					
001730313	Travis Capitari	Travis Cupitar Farthoro, E20					
3. NAICS Code		Brief description of the character of business conducted in Rhode Island     Sales finance company					
61410104	Sales finance con						
5. State of Formation							
Delaware							
6. Principal Office Address	<del></del>	City	State	Zip			
1140 Post Rd. Ste. 7		Fairfield	СТ	06824			
7. Mailing Address of Limite	ed Liability Company and Nam	e or Title of Contact Person					
Contact Name Matthew Rappoport		CEO/Manager					
Street Address 1140 Post Rd., Ste 7		<sup>City</sup> Fairfield	State CT	<sup>Zip</sup> 06824			
8. The Resident Agent info	rmation currently of record with	the RI Department of State is ac	curate. Changes require	e filing Form 642.			
9. Under penalty of perju	ry, I declare and affirm that I	have examined this report, incl	uding any accompany	ing schedules and			
statements, and that all statements contained herein are true and correct.  Name of Authorized Person			Date /				
Matthew Rappoport CEO/Manager			3/20/24				
Signature of Authorized Pe	Mathin Or	Lesson San San San San San San San San San Sa					

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MAIL TO:

Division of Business Services

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

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

Phone: (401) 222-3040 Website: www.sos.ri.gov