



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

JUN 17 2024

3291

1. Entity ID Number 001739073		2. Exact name of the Corporation Spartan Corp.			
3. Principal Office Address 2140 S. Dupont Hwy.			City Camden	State DE	Zip 19934
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Spectator Sports			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Maxime Cressy			Vice-President Name		
Street Address 15 BOULEVARD INKERMANN			Street Address		
City NEUILLY-SUR-SEINE	State FRA	Zip 92200	City	State	Zip
Secretary Name Maxime Cressy			Treasurer Name Maxime Cressy		
Street Address 15 BOULEVARD INKERMANN			Street Address 15 BOULEVARD INKERMANN		
City NEUILLY-SUR-SEINE	State FRA	Zip 92200	City NEUILLY-SUR-SEINE	State FRA	Zip 92200
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative Herlinda Rodriguez					Date 06-11-2024
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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