



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

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FOR SECRETARY OF STATE  
USE ONLY

**Annual Report for the year:** 2024  
**Limited Liability Company**

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

1. Entity ID Number <b>001738285</b>		2. Exact name of the Limited Liability Company <b>Matt Brayman, LLC</b>	
3. NAICS Code <b>711320</b>		4. Brief description of the character of business conducted in Rhode Island <b>Judge, announce, design, and manage horse shows, all ancillary purposes, and all other lawful purposes.</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>93 Prosser Trail</b>		City <b>Charlestown</b>	State <b>RI</b>
		Zip <b>02813</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Matthew Brayman</b>		Contact Title <b>Manager</b>	
Street Address <b>93 Prosser Trail</b>		City <b>Charlestown</b>	State <b>RI</b>
		Zip <b>02813</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
9. <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 <b>Matthew Brayman</b>		Date <b>11/1/2024   9:35 AM EDT</b>	
Signature of Authorized Person <i>Matthew Brayman</i>			

**FILED**

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BY 6N7XS  
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**MAIL TO:**  
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