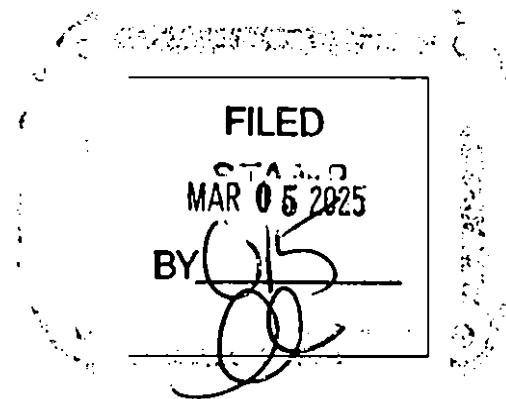




State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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 001769816		2. Exact name of the Limited Liability Company Sakonnet Capital LLC		
3. NAICS Code 523910		4. Brief description of the character of business conducted in Rhode Island Pooled funds for investments		
5. State of Formation RI				
6. Principal Office Address PO Box 390		City Portsmouth	State RI	Zip 02871
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Edward M. Doran		Contact Title Member		
Street Address 438 Bristol Ferry Road		City Portsmouth	State RI	Zip 02871
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Person Edward M. Doran			Date 2/22/25	
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