



State of Rhode Island
Department of State - Business Services Division

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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 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 and manage 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 Member		
Street Address 116 Orange Street		City Providence	State RI	Zip 02903	
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 Clayton A. Rockefeller				Date 4/11/25	
Signature of Authorized Person <i>Clayton A. Rockefeller</i>					

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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