

Annual Report for the year: 2016
Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2 Event nom	o of the Limited Li	ability Campany			
· ·	2. Exact name of the Limited Liability Company					
00892327	Crafted Software Solutions, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
54 - Professional, Scientific, a	Software Development and Consulting Services					
5. State of Formation						
Massachusetts	<u>L.</u>					
6. Principal Office Address			City	State	Zip	
5 Franklin Road			Sharon	MA	02067	
7. Mailing Address of Limited Lia		and Name or Title	of Contact Person			
Contact Name Steven Cooperman			Contact Title Managing Member			
Street Address 5 Franklin Road			City Sharon	State MA	^{Zip} 02067	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I deci statements, and that all statem	are and affirm ents containe	that I have exam d herein are true	nined this report, inclu and correct.	uding any accompanyi	ng schedules and	
Name of Authorized Person				Date	Date	
Steven Cooperman, Managing Member				Septer	September 11, 2016	
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 FILED

SEP 1 4 2016

By.

FORM 632 - Revised: 08/2016