RI SOS Filing Number: 201750703720 Date: 9/28/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2017 SEP 28 PM 3: 17

Annual Report for the year: __ **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 1335 459	2. Exact name of the Limited Liability Company ORWG-CROOF LLC				
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island				
531110	THE CIMITED CIABICITY COMPANY HITS THE				
5. State of Formation PURPOSE OF ENGLATING IN ANY CAUFULL BUSINESS					
THE TOUR TOUR ESTATE (STATE (STATE)					
6 Principal Office Address			City	State	Zip
14BECKWITH STREET			CHUSTU	ILI.	02716
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name PH J CAWISTRACI Ju			Contact Title Resident A GUT		
Street Address B RCKWITH STREET			circ now Stow	SPET.	2029/()
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		
Cıty	State	Zip	City	State	Žip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
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 deciate 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 Date Doubt Townstracity September 24 2017					
Signature of Authorized Person					
Ellen					

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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