RI SOS Filing Number: 201752929290 Date: 11/2/2017 4:00:00 PM

State of Rhode Island and Providence Plantations  Department of State - Business Services Division

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FOR SECRETARY OF STATE

Annual Report for the year: 2017
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 <b>683556</b>	2. Exact name of the Limited Liability Company ROGCRU LLC						
3. NAICS Code SILGO 81 - Other Services (except Pr	4. Brief descript	tion of the chara	cter of business conducted	in Rhode Island			
5. State of Formation RHODE ISLAND							
6. Principal Office Address			City	State	Zip		
PO Box 1463			Richmond	VA	23218		
7. Mailing Address of Limited Lia	bility Company a	nd Name or Title		<u> </u>	Ψ		
Contact Name BEVERLEY CRUM	<b>N</b> P		Contact Title MEMBER				
Street Address Bank of America	Ctr. 16th Fl., 11	11 E. Main St.	City Richmond	State VA	<sup>Zip</sup> 23219		
8. List ALL managers (names ar	nd addresses) of	the Limited Liab	ility Company, IF APPLICA	BLE - DO NOT LIST N	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 decistatements, and that all statem	lare and affirm t ents contained	hat I have exan herein are true	nined this report, including and correct.	ng any accompanying	schedules and		
Name of Authorized Person Date							
BEVERLEY CRUMP							
Signature of Authorized Person SIGN DOCUMENT HERE							

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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FORM 632 - Revised 02:3017