RI SOS Filing Number: 201752963320 Date: 11/3/2017 4:00:00 PM

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## partment of State - Business Services Division

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>000097662</b>	2. Exact name of the Limited Liability Company  CASTLE AWARDS, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
453220	MANUFACTURE AND SELL PLAQUES, TROPHIES, SCREEN PRINTING, EMBROIDERY, TITLE 7-16						
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
33 GARDINER AVENUE			EAST PROVIDENCE	RI	02914		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name LINDA M GRACE			Contact Title MANAGER				
Street Address 33 GARDINER AVENUE			City EAST PROVIDENCE	State RI	<sup>Zip</sup> 02914		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name LINDA M GRACE			Manager Name R				
Street Address 33 GARDINER AVENUE			Street Address				
City EAST PROVIDENCE	State RI	<sup>Zip</sup> <b>02914</b>	City	State	Zip ω < Con		
Manager Name			Manager Name		OIN VIS		
Street Address			Charle & didono		† 3.1		
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	lare and affirm ents contained	that I have exan I herein are true	nined this report, including any and correct.	accompanying s	chedules and		
Name of Authorized Person				Date			
LINDA M GRACE			11/3/17				
Signature of Authorized Person  Was 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

FORM 632 - Revised: 08/2017