	State of Rhode Office of the Secreta		Fee: \$50.0
	Division Of Business		
	148 W. River S		
	Providence RI 0290		
HOPE	(401) 222-304	ŧŪ	
_imited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
ning renou. September r			
to file its annual report withi	7-16-66(d), each limited liability comp in thirty (30) days after the time presc		
16-66(b&c)) is subject to a			
ANNUAL REPORT YEAR:			
1. ID No. <u>000894335</u>	5		
2. Exact Name of the Li	mited Liability Company <u>Crocs Re</u>	tail, LLC	
3. State of Formation			
State: <u>CO</u>			
	ARTICLE III		
<u>448210</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rh	ode Island
RETAIL SALES OF FO	OTWFAR		
5. Principal Office Addre	SS		
No. and Street: <u>136</u>	01 VIA VARRA		
	OOMFIELD State: CO	<u>)</u> Zip: <u>80020</u> Count	ry: <u>USA</u>
6. Mailing Address of Liv	nited Liability Company and Name	or Title of Contact Person	
-			
Contact Name: Contact No. and Street: 136	Title: 01 VIA VARRA		
	DOMFIELD State: CC	2 Zip: 80020 Count	ry: USA
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Liab RS	ility Company, if Applicable	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
MANAGER	DANIEL P HART	13601 VIA VAR BROOMFIELD, CO 8002	
MANAGER	VIVIAN ANDREW REES	13601 VIA VAR	RA

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ANNE MEHLMAN

BROOMFIELD, CO 80020 USA

13601 VIA VARRA BROOMFIELD, CO 80020 USA

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 27 Day of October, 2020 at 4:58:43 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>DENISE ELLISON</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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