<b>(a)</b>	State of Rhode Island		
	State of Rhode Island  Department of State - Business	Services D	ivision

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## Annual Report for the year: 2020 **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.

Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
994346	Crown Plu	Crown Plumbing, LLC					
238220 INSTALLATION AND REPAIR			racter of business conducted in Rhode Island R OF WATER SUPPLY LINES, WASTE DISPOSAL SYSTEMS, AND D FIXTURES IN RESIDENTIAL, COMMERCIAL AND INDUSTRIAL				
6. Principal Office Address		•	City	State	Zip		
11 GRASSY PLAIN ROAD			BARRINGTON	RI	02806		
7. Mailing Address of Limited	Liability Compa	iny and Name o	r Title of Contact Person		l		
Contact Name ROBERT B. POPOLILLO, JR.			Contact Title MEMBER	Contact Title MEMBER			
Street Address 11 GRASSY PLAIN ROAD			City BARRINGTON	State RI	<sup>Zip</sup> 02806		
8. List ALL managers (name	s and addresse	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST I	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zıp		
Manager Name			Manager Name		<u> </u>		
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
<del></del>		l		Check the box to i	<u>l</u> indicate an attachment∫		
9. The Resident Agent inform	nation currently (	of record with th	e RI Department of State is accura	te. Changes requir	e filing Form 642.		
Under penalty of perjury, I statements, and that all st			examined this report, including	any accompanyin	g schedules and		
Name of Authorized Person				Date			
ROBERT B. POPOLILLO	, JR.			1/-/-	-20		
Signature of Authorized Pers	son	all	Repolle [				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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