



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 001695731		2. Exact name of the Corporation Crowley Design Group, Inc.			
3. Principal Office Address 107 Chestnut Street - 1st Floor			City North Attleboro	State MA	Zip 02760
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island Management construction services			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Crowley			Vice-President Name N/A		
Street Address 107 Chestnut Street - 1st Floor			Street Address		
City North Attleboro	State MA	Zip 02760	City	State	Zip
Secretary Name Jake Crowley			Treasurer Name Michael Crowley		
Street Address 107 Chestnut Street - 1st Floor			Street Address 107 Chestnut Street - 1st Floor		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Crowley			Director Name		
Street Address 107 Chestnut Street - 1st Floor			Street Address		
City North Attleboro	State MA	Zip 02760	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			1000		
			Common		
			No Par Value		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative Michael Crowley					Date 2-18-22
Signature of Authorized Representative 					

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 630 - Revised: 11/2021

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