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Department of State - Business Services Division

Annual Report for the year: 2023
Limited Liability Company

→ 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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2023 AUG 17 P 1:51

	2. Exact name of the Limited Liability Company The Crevalle Group, LLC			
661371)	4. Brief description of the character of business conducted in Rhode Island 1 the Consulting and Staffing			
6. Principal Office Address		City	State	Zip
235 Promenade Street, St	le 298	Providence	RI	02908
7. Mailing Address of Limited Liabi	lity Company and Name or	Title of Contact Person		
Contact Name Kate Keyser		Contact Title Legal & Compliance		
Street Address 235 Promenade Street, Ste 298		City Providence	State RI	^{Zip} 02908
8. The Resident Agent information	currently of record with the	RI Department of State is accur.	ate. Changes require	e filing Form 642.
Under penalty of perjury, I decia statements, and that all stateme	re and affirm that I have e.	xamined this report, including		
Name of Authorized Person			Date	
Kate Keyser			01/19/2023	
Signature of Authorized Person	Komb			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 632 - Revised: 11/2021