

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.

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV	
BUS SYCS DIV	

2023 AUG 17 P 1:51

1. Entity ID Number 001707269	2. Exect name of the Limited Liability Company The Crevalle Group, LLC				
3. NAICS Code 501320 5. State of Formation GA	1	aracter of business conducted in			
6. Principal Office Address		City	State	Zip	
235 Promenade Street,	Ste 298	Providence	RI	02908	
7. Mailing Address of Limited Lia	bility 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	on currently of record with the	RI Department of State is accur-	ate. Changes require	s filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten	lare 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

AUG 17 2023 BYML Z7BE1

FORM 632 - Revised: 11/2021