RI SOS Filing Number: 202340407460 Date: 8/17/2023 1:52:00 PM

State of Rhode Island

State of Rhode Islan	<u>-</u>		_	
Department of	State - Business Service	ces Division		
Annual Report for the Limited Liability Com → Filing period: February → Filing Fee: \$50.00 → Penalty: Additional \$25	pany	RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV 2023 AUG 17 P 1: 1		·
1. Entity ID Number	2. Exact name of the Limited	Liability Company		-
001707269	The Crevalle Group, LLC			
3. NAICS Code 5. State of Formation GA	4. Brief description of the character of business conducted in Rhode Island IT Consulting and Staffing			
6. Principal Office Address		City	State	Zip
235 Promenade Street, Ste 298		Providence	RI	02908
	Liability Company and Name or	Title of Contact Person	**********	- 1,
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 inform	ation currently of record with the	RI Department of State is accura	ate. Changes require	e filing Form 642.
Under penalty of perjury, I d statements, and that all sta	declare and affirm that I have ex tements contained herein are t	tamined this report, including rue and correct.	any accompanyin	g schedules and
Name of Authorized Person			Date	
Kate Keyser			01/19/2023	
Signature of Authorized Person	on /			

FILED

MAIL TO:

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

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