



**State of Rhode Island
Department of State - Business Services Division**

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Annual Report for the year: 2024
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.

| | | | |
|---|--|---|------------------------------|
| 1. Entity ID Number <u>001335459</u> | | 2. Exact name of the Limited Liability Company <u>ORANGE ROOF LLC</u> | |
| 3. NAICS Code <u>531110</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>THE LIMITED LIABILITY COMPANY HAS THE PURPOSE OF CONDUCTING ANY LAWFULL BUSINESS, REAL ESTATE LEASING AND RENTALS</u> | |
| 5. State of Formation <u>RHODE ISLAND</u> | | | |
| 6. Principal Office Address <u>74 BECKWITH STREET</u> | | City <u>CRAWSTON</u> | State <u>RI</u> |
| | | Zip <u>02910</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>JOSEPH J. CAUVISTRACI JR.</u> | | Contact Title <u>RESIDENT AGENT</u> | |
| Street Address <u>74 BECKWITH STREET</u> | | City <u>CRAWSTON</u> | State <u>RI</u> |
| | | Zip <u>02910</u> | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| 9. 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. | | | |
| Name of Authorized Person <u>JOSEPH J. CAUVISTRACI JR.</u> | | | Date <u>FEB. 26, 2024</u> |
| Signature of Authorized Person | | | |

FILED
FEB 26 2024
BY FWJH2
KS

MAIL TO:
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