

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 404

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

REC'D RIDOS BSD '24 FEB 26 PH2:46:3	
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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company			
001335459	ORLGE	ROOF LL			
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rhoo	le Island		
531110	THE LIMITED	LIABILITYCU	PANY HASTALO		
5. State of Formation	PULPUSE OF CO	DUDUCTILIFAN	y LAWFULL		
RHODEISLAND	BUSILLESS, ROA	LESTATE / DARIS	US-ADRUTAS		
6. Principal Office Address	,	City	State Zip		
74 Becku	ITH STREET	CILLISTOL	P.F. 1029/0		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
JOSEPH J.	CAMISTRACITE	Kes Dutt	16-WI		
Street Address TESCELLE	THSTREET	CRAISTOL	State Zip $O29/O$		
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	J. CAUNS	MRKITA.	Peb, 26, 2024		
Signature of Authorized Rersen					
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 26 7021