



State of Rhode Island  
Department of State - Business Services Division

FIELD

Annual Report for the year: 2025  
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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|                                                                                                                                                                                                        |  |                                                                                                      |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--------------------------|
| 1 Entity ID Number<br><b>000152453</b>                                                                                                                                                                 |  | 2 Exact name of the Limited Liability Company<br><b>CAW TECHNOLOGY GROUP, LLC</b>                    |                          |
| 3 NAICS Code<br><b>541519</b>                                                                                                                                                                          |  | 4 Brief description of the character of business conducted in Rhode Island<br><b>HOLDING COMPANY</b> |                          |
| 5 State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                            |  |                                                                                                      |                          |
| 6 Principal Office Address<br><b>200 LAVAN STREET, SUITE 1</b>                                                                                                                                         |  | City<br><b>WARWICK</b>                                                                               | State<br><b>RI</b>       |
|                                                                                                                                                                                                        |  | Zip<br><b>02888</b>                                                                                  |                          |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                      |                          |
| Contact Name<br><b>AMY J. WILLIAMS</b>                                                                                                                                                                 |  | Contact Title<br><b>MEMBER</b>                                                                       |                          |
| Street Address<br><b>200 LAVAN STREET, SUITE 1</b>                                                                                                                                                     |  | City<br><b>WARWICK</b>                                                                               | State<br><b>RI</b>       |
|                                                                                                                                                                                                        |  | Zip<br><b>02888</b>                                                                                  |                          |
| 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<br><b>AMY J. WILLIAMS, MEMBER</b>                                                                                                                                            |  |                                                                                                      | Date<br><b>1/22/2025</b> |
| Signature of Authorized Person<br><i>Amy J. Williams</i>                                                                                                                                               |  |                                                                                                      |                          |

MAIL TO:

Division of Business Services

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