

State of Rhode Island Department of State - Business Services Division

2025



FEB 0 3- 2025

Annual Report for the year: **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	2. Exact name of the Limited Liability Company			
161260	CAS-ORA, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Costume Jewelry			
331221				
5. State of Formation	1			
Rhode Island				
6. Principal Office Address	<u> </u>	City	State	Zip
One Warren Avenue		North Providence	RI	02904
7. Mailing Address of Limited Lia	ibility Company and Name or Ti	tle of Contact Person		
Contact Name John S. Petrone		Contact Title Attorney		
Street Address 1395 Atwood Avenue, Suite 203B		City Johnston	State RI	^{Zip} 02919
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			Date	
John S. Petrone, Attorne		2-1-2025		
Signature of Authorized Person				

MAIL TO:

Division of Business Services

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

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