

State of Rhode Island

Department of State - Business Services Division

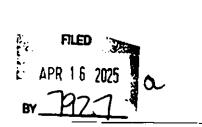
Annual Report for the year: Limited Liability Company

2025

→ 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 00 17 6 4 5 6 9	2 Exact name of the Limited L CROYWOR	iabi'ity Company FS & QU4 LI	TY WO	ODWORKS
3 NAICS Code 3 3 7 2 1 2 5 State of Formation R I	4. Brief description of the character of business conducted in Rhodo Island WOODWORKING			
6. Principal Office Address 46 MEM	ORIAL BLVD	City NEWPORT	State / 7 Z	^{Zip} 02840
7. Mailing Address of Limited Lia	bility Company and Name or Titl	e of Contact Person	<u>-</u>	
Contact Name IHEODORI	CROY	Contact Title OWNER		
Street Address MIDDLETON AVE		CITY NEWPORT	State /2 Z	02840
8 The Resident Agent information	on currently of record with the RI	Department of State is accurate	Changes require !	iling Form 642
	eclare and affirm that I have ex	camined this report, including a		
Name of Authorized Person THTODOM	RE CROY		Date 0 4 /	12/25
Signature of Authorized Person	e W. Cro	`		

MAIL TO:

Division of Business Services

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

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