



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 152547	2. Name of Corporation Crown Management Company		
3. Street Address Principal Business Office 383 SMITHFIELD AVENUE	City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 4017271380	5. State of Incorporation RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN ANY LAWFUL PURPOSE.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name GUIDO J. PETROSINELLI	Vice President Name GUIDO J. PETROSINELLI				
Street Address 383 SMITHFIELD AVENUE	Street Address 383 SMITHFIELD AVENUE				
City PAWTUCKET	City PAWTUCKET	State RI	State RI	Zip 02860	Zip 02860
Secretary Name GUIDO J. PETROSINELLI	Treasurer Name GUIDO J. PETROSINELLI				
Street Address 383 SMITHFIELD AVENUE	Street Address 383 SMITHFIELD AVENUE				
City PAWTUCKET	City PAWTUCKET	State RI	State RI	Zip 02860	Zip 02860

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name				
Street Address	Street Address				
City	City	State	State	Zip	Zip
Director Name	Director Name				
Street Address	Street Address				
City	City	State	State	Zip	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION **MUST** BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	\$0.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date
JAN 26 2009
Check No.
By: 5914

FOR SECRETARY OF STATE USE ONLY

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.

Signature
GUIDO J. PETROSINELLI
Print or Type Name
PRESIDENT
Title