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

A. Ralph Mollis, *Secretary of Stat*
Corporations Divisio
148 W. River Stree
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.	2. Name of Corporation
152547	Crown Management Company

3. Street Address Principal Business Office	City	State	Zip
383 SMITHFIELD AVENUE	PAWTUCKET	RI	02860

4. Business Phone No.	5. State of Incorporation
4017271380	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	Street Address	City	State	Zip
GUIDO J. PETROSINELLI	383 SMITHFIELD AVENUE	PAWTUCKET	RI	02860

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

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

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

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	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.

[redacted]

File Date	FILED
Check No.	JAN 26 2009
By:	By 5914

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature *Date* 1/24/09

GUIDO J. PETROSINELLI
Print or Type Name

PRESIDENT
Title

[redacted]

Form 630 Rev. 08/08