



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 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008**

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

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(6)) is subject to a penalty fee of \$25.00.

1. ID No. 146402		2. Exact name of the limited liability company CRCC DEVELOPMENT LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Development Real Estate			
5. Principal office address 4 Brookside Road		City Westerly	State RI	Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert Clarke			Contact Title Manager		
Street Address 6 Brookside Road		City Westerly	State RI	Zip 02891	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name NONE			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

2011 APR 26 AM 10:40  
 2011 APR 21 AM 11:04  
 RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

File Date \_\_\_\_\_  
 Check No. APR 26 2011  
 By: 143190 10:40  
 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] 4/18/11  
 Signature of Authorized Person Date  
 ROBERT CLARKE  
 Print or Type Name of Authorized Person