



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 165271		2. Exact name of the Corporation Crest Properties, Inc.			
3. Principal office address 3399 South County Trail		City East Greenwich	State RI	Zip 02818	
4. Business Phone No. (401) 398-8366		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island OWNERSHIP AND DEVELOPMENT OF REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Brian A. Williams			Vice-President Name Kevin S. Bicknell		
Street Address 110 Hamburger Road			Street Address 67 Ruben Brown Lane		
City Coventry	State RI	Zip 02816	City Exeter	State RI	Zip 02822
Secretary Name Kevin S. Bicknell			Treasurer Name Robert J. Mowry		
Street Address 67 Ruben Brown Lane			Street Address 29 Pond View Road		
City Exeter	State RI	Zip 02822	City Coventry	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	Common	No Par Value

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JAN 09 2013

BY

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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.

Brian A. Williams January 8, 2013
Signature of Authorized Representative Date

BRIAN A. WILLIAMS

Print or Type Name of Authorized Representative