



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 152942		2. Exact name of the limited liability company CROSS STREET ENTERPRISES, LLC				2013 OCT - 9 AM 9:39 RECEIVED SECRETARY OF STATE CORPORATIONS DIV	
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTALS					
5. Principal office address 236 POST ROAD			City WESTERLY	State RI	Zip 02891		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name SHEILIA T. BEATTIE			Contact Title				
Street Address 236 Post Road			City Westerly	State RI	Zip 02891		
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (“X” BOX FOR ATTACHMENT) <input type="checkbox"/>							
Manager Name STANTON J. TERRANOVA, SR.			Manager Name				
Street Address P.O. Box 1965			Street Address				
City Westerly	State RI	Zip 02891	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 Form 642.							

FILED 9:39 AM
OCT 09 2013
File Date _____
Check No _____
By: 207835
FOR SECRETARY OF STATE USE ONLY
KM

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.

SHEILIA T. BEATTIE 9/25/13
Signature of Authorized Person Date
SHEILIA T. BEATTIE
Print or Type Name of Authorized Person