

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. 124109		2. Exact name of the limited liability company R & N Cross, LLC				
3. State of Formation RHODE ISLAND	Brief description of the character of business conducted in Rhode Island Dealing in commercial and/or residential real estate					
5. Principal office address 43 Primrose Avenue			City Cranston	State RI	Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N Contact Name Nancy E. LaCroix			AME OR TITLE OF CONTACT PERSON: Contact Title Manager			
Street Address 43 Primrose Avenue			City Cranston	State RI	Zip 02921	
7. LIST <u>ALL</u> MANAGERS (I		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name Nancy E. LaCroix			Manager Name			
Street Address 43 Primrose Avenue			Street Address			
City Cranston	State RI	Zip 02921	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RI				Alles Form C40		
This information is current	tly of record in the	e Office of the Secret	ary of State. Changes require	Tiling Form 642.	/ - No	

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File Date By 2442	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.
Check No	Man & John 9-20-13
Ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Nancỳ E. LaCrờix
1 OF STATE OF SHEET	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012