



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 2015

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. 870740		2. Exact name of the Corporation KINGS CROSSING, INC.			
3. Principal office address 655 OLD BAPTIST RD			City N. Kingstown	State RI	Zip 02852
4. Business Phone No. 401-294-2872		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island GOLF COURSE OPERATION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT McNeil			Vice-President Name TRACI McNeil		
Street Address 118 BEAUCHAMP DRIVE			Street Address 118 BEAUCHAMP DRIVE		
City SANDERSVILLE	State RI	Zip 02874	City SANDERSVILLE	State RI	Zip 02874
Secretary Name LINDA GUSTAFSON			Treasurer Name WILLIAM GUSTAFSON		
Street Address 98 MOUNTAIN LAUREL WAY			Street Address 98 MOUNTAIN LAUREL WAY		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name KEVIN GENTILE			Director Name DAVID GENTILE		
Street Address 780 PORTLAND AVE			Street Address 780 PORTLAND AVE		
City ATLANTIC HIGHLANDS	State NJ	Zip 07716	City ATLANTIC HIGHLANDS	State NJ	Zip 07716
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
			1000	A	500

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

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 of Authorized Representative

Date

Print or Type Name of Authorized Representative

FILED

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2/25/15

Robert McNeil
 ROBERT McNeil