



**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 **2015**

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. <b>110746</b>		2. Exact name of the limited liability company <b>ROBINSON CRANE LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>OWN &amp; OPERATE A CRANE COMPANY</b>			
5. Principal office address <b>P.O. BOX 481</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>THOMAS M. ROBINSON</b>			Contact Title <b>OPERATING MANAGER</b>		
Street Address <b>P.O. BOX 481</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
<b>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"/></b>					
Manager Name <b>THOMAS M. ROBINSON</b>			Manager Name		
Street Address <b>P.O. BOX 481</b>			Street Address		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**OCT 21 2015**

By 259059

*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.

*Thomas M. Robinson* 10/6/15  
 Signature of Authorized Person Date

**THOMAS M. ROBINSON**

Print or Type Name of Authorized Person

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**