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 2016

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.	2. Exact name of the Corporation			
81511	CROSSROADS ENTERPRISES, INC.			
3. Principal office address: 296 George Washington Highway		City: Smithfield	State: RI	Zip: 02917
4. Business Phone No.: (401)232-2801		5. State of Incorporation: Rhode Island		

6. Brief description of the character of business conducted in Rhode Island
To acquire, own, mortgage, build upon, improve, develop, alter, deal with real and personal property of any kind.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Richard J Conti			Vice-President Name: John R Conti		
Street Address: 296 George Washington Highway			Street Address: 296 George Washington Highway		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Secretary Name: Richard J Conti			Treasurer Name: Richard J Conti		
Street Address: 296 George Washington			Street Address: 296 George Washington Highway		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: None			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

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CORPORATIONS DIV

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	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
MAR 28 2016
BY 270971

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.

3-22-16
Signature of Authorized Representative — Date

Richard J Conti
~~Print~~ or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012