

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

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. 1007434	2. Exact na Crosby	2. Exact name of the limited liability company Crosby Real Estate LLC					
3. State of Formation		Brief description of the character of business conducted in Rhode Island real estate					
Delaware	10000						
5. Principal office address 11 Keewaydin Drive, Suite 100			City Salem	State NH	Zip 03079		
	LIMITED LIABILI	TÝ COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:			
Contact Name Melanie S. Sommer			Contact Title VP				
Street Address 11 Keewaydin Drive, Suite 100			City Salem	State NH	Zip 03079		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD MENT) []	RESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Žin	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RI	3 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
This information is curren	tly of record in the	e Office of the Secr	etary of State. Changes requi	re filing Form 642.			

FILED (V)
MAY 0 5 2016

File Date	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	Mula 25/188	05/02/2016	
Ву:	grature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Melanie S. Sommer		
CON OCCUPATION OF STREET OSC ONC.	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012