



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000791634

2. Exact Name of the Limited Liability Company CROSSROAD RENTAL, LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

53

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

RENTAL OF 3 APARTMENT UNITS LOCATED AT 68 UNIVERSITY AVENUE AND 112 ELMGROVE AVENUE. THIS IS A SINGLE BUILDING LOCATED ON A CORNER WITH DOORS OPENING ONTO ELMGROVE AVENUE AND UNIVERSITY AVENUE.

5. Principal Office Address

No. and Street: 3 NISBET STREET

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ANTHONY HAYWARD Contact Title:

No. and Street: 3 NISBET STREET

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	LEIGH COLE SWENSEN	3 NISBET STREET PROVIDENCE, RI 02906 USA
MANAGER	ANTHONY RICHARD HAYWARD	3 NISBET ST PROVIDENCE, RI 02906 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ANTHONY R. HAYWARD 3 NISBET STREET PROVIDENCE , RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of September, 2016 at 11:39:26 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ANTHONY HAYWARD
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved