



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. 001100056

2. Exact Name of the Limited Liability Company Crosby Brothers Realty 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 53

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

TO ACQUIRE, OWN, DEVELOP, OPERATE, MANAGE, LEASE, IMPROVE, MORTGAGE,
FINANCE, REFINANCE, SELL, AND OTHERWISE DEAL WITH THE REAL PROPERTY
KNOWN
AS 527 OFF CONNECTICUT AVENUE, NEW SHOREHAM, RHODE ISLAND.

5. Principal Office Address

No. and Street: C/O ROBERT P. FORBES
2055 CHAPEL STREET

City or Town: NEW HAVEN State: CT Zip: 06515 Country: USA

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

Contact Name: ROBERT P. FORBES Contact Title: MANAGING PARTNER

No. and Street: 527 OFF CONNECTICUT AVENUE

City or Town: NEW SHOREHAM State: RI Zip: 02807 Country: USA

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

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	ROBERT P FORBES	2055 CHAPEL STREET NEW HAVEN, CT 06515 USA
MANAGER	DOUGLAS B FORBES	536 WEST 47TH STREET, #11 NEW YORK, NY 10036 USA
MANAGER	JOANNE E. FOODIM	2055 CHAPEL ST NEW HAVEN, CT 06515 USA

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

EDWARD FELDSTEIN 10 WEYBOSSET STREET, 8TH FLOOR PROVIDENCE , RI 02903

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

Signed this 14 Day of October, 2016 at 11:36:36 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 ROBERT P. FORBES
Signature of Authorized Person

Form No. 632
Revised 09/07

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