

## 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 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.

	2. Exact nar	2. Exact name of the limited liability company				
85934	Cra	Crandall Street Associates, LLC				
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
Rhode Islan	d Re	ntal Re	al Estate			
5. Principal office address	a Ann	Drive	Bristol	State R. I	Zip C. 02809	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Manuel Sa			Contact Title member	member		
Street Adoress 22 Patricia Ann Drive			City Bristol	State R. I	Zip 7. 02809	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
Dity	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN R	HODE ISLAND	<u> </u>				
his information is currer	ntly of record in the	Office of the Secr	etary of State. Changes require f	iling Form 642.		
				FILED	ì	

OCT 19 2016 1367

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	and that an statements contained herein	// / 7- / 6	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	MAINUEL SA' Print or Type Name of Authorized Person		