



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. 000941986

2. Exact Name of the Limited Liability Company North Smithfield CP LLC

3. State of Formation

State: DE

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

TO ACQUIRE TITLE TO CERTAIN REAL PROPERTY KNOWN AS 900 VICTORY HIGHWAY, NORTH SMITHFIELD, RI, AND TO HOLD, IMPROVE, OPERATE, CONSTRUCT, DEVELOP, MAINTAIN, LEASE, SELL, MORTGAGE AND OTHERWISE DEAL WITH THE PREMISES. IT SHALL ALSO INCLUDE THE DOING OF ANY AND ALL THINGS INCIDENTAL THERETO OR CONNECTED THEREWITH, INCLUDING, WITHOUT LIMITATION, THE ACQUISITION OF THE PREMISES (AND ANY REAL ESTATE AND IMPROVEMENTS EITHER CONTIGUOUS THERETO OR WITHIN THE IMMEDIATE TRADE AREA), THE DEVELOPMENT AND RENTING OF ANY IMPROVEMENTS THEREON AND THE INTERIM AND PERMANENT FINANCING OF THE CURRENT CONFIGURATION OF THE PREMISES, AS WELL AS THE CONSTRUCTION, FINANCING, AND DEVELOPMENT OF ANY FUTURE IMPROVEMENTS THEREON.

5. Principal Office Address

No. and Street: CORPORATION TRUST CENTER
1209 ORANGE STREET

City or Town: WILMINGTON

State: DE Zip: 19801 Country: USA

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

Contact Name: Contact Title:

No. and Street: C/O CROSSPOINT ASSOCIATES, INC.
300 THIRD AVENUE, SUITE 2

City or Town: WALTHAM

State: MA Zip: 02451 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JOHN W. HUEBER C/O CROSSPOINT ASSOCIATES, INC.	300 THIRD AVENUE, SUITE 2 WALTHAM, MA 02451 USA
MANAGER	JAMES F CARLIN III	300 THIRD AVENUE, STE 2 WALTHAM, MA 02451 USA

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

DAVID P. MARTLAND, ESQ. 1100 AQUIDNECK AVENUE MIDDLETOWN , RI 02842

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

Signed this 24 Day of October, 2016 at 4:04:15 PM 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 /S/JAMES F. CARLIN, III
Signature of Authorized Person

Form No. 632
Revised 09/07