(B)	State of Rhode Island and Providence Plantations Department of State - Business Services	Division
mid bir.		

Annual Report for the year: 2016 **Limited Liability Company**

- → Filing period: September 1 November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company							
791176	Crossings, LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
72 - Accommodation and Food Deli/Convenience Store								
5. State of Formation	1							
Rhode Island								
6. Principal Office Address			City	State	Zip			
520 Woodward Road			North Providence	RI	02904			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Abdallah Alawneh	ı		Contact Title Member					
Street Address 520 Woodward Road			City North Providence	State RI	^{Zip} 02904			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name		•	Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
			С	heck the box to in	dicate an attachment			
9. Resident Agent in Rhode Islan	d. This informatio	n is currently of reco	ord with the Department of State. Cl	nanges require filing	Form 642.			
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.								
Name of Authorized Person Abdallah S. Alawneh 10/5/16								
Signature of Authorized Person SIGN DOCUMENT HERE								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED a

OCT 2 4 2016