Sta			
	te of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business		
	148 W. River S Providence RI 0290		
	(401) 222-30		
HOPE	(401) 222-30	+0	
Limited Liability Comp	any		
Annual Report Filing Period: September 1 - I	November 1		
	-16-66(d), each limited liability com thirty (30) days after the time presc		
16-66(b&c)) is subject to a pe			
ANNUAL REPORT YEAR: 2	2016		
1. ID No. <u>000144337</u>			
2. Exact Name of the Limi	ted Liability Company Crescent	Partners, LLC	
3. State of Formation			
State: RI			
	ARTICLE III		
Using the following NAICS c	odes, please select the code that b	est describes vour business.	
	, I		
NAICS Code		<u>6</u> <u>53</u>	
,			
4. Brief Description of the REAL ESTATE	Character of the Business Which	n is Actually Conducted in Rho	ode Island
		n is Actually Conducted in Rho	ode Island
<u>REAL ESTATE</u> 5. Principal Office Address	;	n is Actually Conducted in Rho	ode Island
REAL ESTATE 5. Principal Office Address No. and Street: 1447 WE	STMINSTER STREET #1C		
<u>REAL ESTATE</u> 5. Principal Office Address	STMINSTER STREET #1C	n is Actually Conducted in Rho State: <u>RI</u> Zip: <u>02909</u> Cou	
REAL ESTATE 5. Principal Office Address No. and Street: 1447 WE City or Town: PROVID	STMINSTER STREET #1C	State: <u>RI</u> Zip: <u>02909</u> Cou	
REAL ESTATE 5. Principal Office Address No. and Street: 1447 WE City or Town: PROVID 6. Mailing Address of Limited	STMINSTER STREET #1C ENCE ted Liability Company and Name	State: <u>RI</u> Zip: <u>02909</u> Cou	
REAL ESTATE 5. Principal Office Address No. and Street: 1447 WE City or Town: PROVID 6. Mailing Address of Limi Contact Name: Contact Tit	S STMINSTER STREET #1C ENCE ted Liability Company and Name	State: <u>RI</u> Zip: <u>02909</u> Cou	
REAL ESTATE 5. Principal Office Address No. and Street: 1447 WE City or Town: PROVID 6. Mailing Address of Limit Contact Name: Contact Tit No. and Street: P.O.	STMINSTER STREET #1C ENCE ted Liability Company and Name	State: <u>RI</u> Zip: <u>02909</u> Cou	ıntry: <u>USA</u>
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REAL ESTATE 5. Principal Office Address No. and Street: 1447 WE City or Town: PROVID 6. Mailing Address of Limit Contact Name: Contact Tit No. and Street: P.O. City or Town: PRO 7. Name and Address of E DO NOT LIST MEMBERS	STMINSTER STREET #1C ENCE ted Liability Company and Name tle: BOX 25311 VIDENCE State: <u>RI</u> ach Manager of the Limited Liab	State: <u>RI</u> Zip: <u>02909</u> Cou e or Title of Contact Person: Zip: <u>02905</u> Country: bility Company, if Applicable.	ıntry: <u>USA</u> : <u>USA</u>
REAL ESTATE 5. Principal Office Address No. and Street: 1447 WE City or Town: PROVID 6. Mailing Address of Limit Contact Name: Contact Tit No. and Street: P.O. City or Town: PRO 7. Name and Address of E DO NOT LIST MEMBERS	STMINSTER STREET #1C ENCE ted Liability Company and Name de: <u>BOX 25311</u> VIDENCE State: <u>RI</u> ach Manager of the Limited Liab	State: <u>RI</u> Zip: <u>02909</u> Cou e or Title of Contact Person: Zip: <u>02905</u> Country: bility Company, if Applicable. Address	ntry: <u>USA</u> : <u>USA</u> ode, Country

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

S. JON OZBEK 1447 WESTMINSTER STREET, #1C PROVIDENCE, RI 02909

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

Signed this 15 Day of November, 2016 at 12:54:06 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 JON OZBEK

Signature of Authorized Person

Form No. 632 Revised 09/07

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