



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 132040		2. Exact name of the Corporation CREST MANAGEMENT CO., INC.	
3. Principal Office Address 3399 South County Trail		City East Greenwich	State RI
		Zip 02818	
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF MANAGING THE CONSTRUCTING, RENOVATING AND REMODELING OF BUILDINGS AND OTHER STRUCTURES, BOTH RESIDENTIAL AND COMMERCIAL		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kevin S. Bicknell		Vice-President Name Brian A. Williams	
Street Address 67 Reuben Brown Lane		Street Address 110 Hamburger Road	
City Exeter	State RI	City Coventry	State RI
Zip 02822		Zip 02816	
Secretary Name Kevin A. Bicknell		Treasurer Name Brian A. Williams	
Street Address 67 Reuben Brown Lane		Street Address 110 Hamburger Road	
City Exeter	State RI	City Coventry	State RI
Zip 02822		Zip 02816	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1000	COMMON
			NO PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative KEVIN S. BICKNELL		Date January 12, 2017	
Signature of Authorized Representative 		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
JAN 17 2017
BY 134169
FORM 630 - Revised: 10/2016