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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2017 **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.

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|---|---------------------------------------|
| ٠ | greate Train (1971) Unit (1981) |

| 1. Entity ID Number 124109 | 2. Exact name of the Limited Liability Company R & N Cross, LLC | | | | | |
|--|--|--------------------------|------------------------------------|------------------------|-----------------------------|--|
| 3. NAICS Code 53 11 10 | Bnef description of the character of business conducted in Rhode Island Dealing in commercial and/or residential real estate | | | | | |
| 5. State of Formation Rhode Island | | | | | | |
| 6. Principal Office Address P.O. Box 1271 | | | City West Warwick | State RI | Zip 02893 | |
| 7. Mailing Address of Limited Li | ability Compan | y and Name or Tit | | | | |
| Contact Name Roy A. LaCroix | | | Contact Title Manager | | | |
| Street Address P.O. Box 1271 | | | City West Warwick | State RI | ^{Zip} 02893 | |
| 8. List ALL managers (names a | and addresses) | of the Limited Lial | bility Company, IF APPLICABL | E - DO NOT LIST | MEMBERS | |
| Manager Name Nancy E. LaCroix | | | Manager Name Manager | | | |
| Street Address P.O. Box 1271 | | | Street Acdress | | | |
| City West Warwick | State RI | Zip 02893 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | | | | Check the box to | indicate an attachment | |
| 9. Resident Agent in Rhode Isla | and. This informs | ation is currently of re | ecord with the Department of State | . Changes require fili | ng Form 642. | |
| Under penalty of perjury, I de statements, and that all state | clare and affir | m that I have exa | mined this report, including | | | |
| Name of Authorized Person | | | | Date | Date | |
| Nancy E. LaCrolx, Manage | er | | | | | |
| Signature of Authorized Person | Jula | 1 SIGN D | OCUMENT 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**

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