



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 AUG -3 AM 11:01

- 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 00870740		2. Exact name of the Corporation Kings Crossing Inc.	
3. Principal Office Address 655 Old Baptist Road		City North Kingstown	State RI
		Zip 02852	
4. Business Phone Number 401-294-2872		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Golf Course Operation / NAICS - 713910			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert McNeil		Vice-President Name Traci McNeil	
Street Address 118 Beauchamp Drive		Street Address 118 Beauchamp Drive	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
Secretary Name None		Treasurer Name None	
Street Address None		Street Address None	
City None	State None	City None	State None
Zip None		Zip None	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		Director Name None	
Street Address None		Street Address None	
City None	State None	City None	State None
Zip None		Zip None	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		1000	Common
		1000	
		None	None
		None	None
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 Robert McNeil			Date 7-20-18
Signature of Authorized Representative Robert McNeil			<i>[Signature]</i>
SIGN DOCUMENT <small>Digitally signed by Robert McNeil Date: 2017.11.09 10:27:51 -0500</small>			

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

11:02
FILED
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BY 02336259