



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

State of Rhode Island

Annual Report for the year: 2019
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.

1. Entity ID Number <u>1682712</u>		2. Exact name of the Limited Liability Company <u>Fox Rock Albion Crossing, LLC</u>			
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island <u>to acquire, hold for investment, manage, lease, develop, improve, mortgage, sell or otherwise deal with real estate & personal property as the LLC may now or hereafter acquire, to make investments of any kind or nature, and to engage in any lawful business activity</u>			
5. State of Formation <u>MA</u>					
6. Principal Office Address <u>1200 Hancock Street, Ste 301</u>		City <u>Quincy</u>	State <u>MA</u>	Zip <u>02169</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Brian Steverman</u>			Contact Title <u>Accounting Manager</u>		
Street Address <u>1200 Hancock Street, Ste 301</u>		City <u>Quincy</u>	State <u>MA</u>	Zip <u>02169</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Jason Ward</u>		Manager Name			
Street Address <u>1200 Hancock Street, Ste 301</u>		Street Address			
City <u>Quincy</u>	State <u>MA</u>	Zip <u>02169</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes 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 <u>Jason T. Ward</u>				Date <u>9/4/19</u>	
Signature of Authorized Person <u>Jason T. Ward</u>		SIGN DOCUMENT HERE			

FILED

SEP 18 2019

ICM

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

BY 11757