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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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	cription of the chara	acter of husiness conducted in		2. Exact name of the Limited Liability Company Crompton Property Management, LLC			
Own and m		4. Brief description of the character of business conducted in Rhode Island					
	Own and manage real estate						
6. Principal Office Address			State	Zıp			
1654 Main Street			RI	02893			
	y and Name or Tit		·	·			
Contact Name Jason A. Dorchester		Contact Title Manager					
Street Address 1654 Main Street		City West Warwick	State RI	^{Zip} 02893			
	of the Limited Lia	bility Company, IF APPLICABL	.E - DO NOT LIST I	MEMBERS			
Manager Name Jason A. Dorchester		Manager Name					
Street Address 1654 Main Street		Street Address					
State RI	Zip 02893	City	State	Zip			
Manager Name			Manager Name				
Street Address			Street Address				
State	Zıp	City	State	Zip			
			Check the box to i	indicate an attachment.			
and. This informa	ition is currently of re	ecord with the Department of State	. Changes require filir	ng Form 642.			
			any accompanyin	g schedules and			
Name of Authorized Person Date							
Jason A. Dorchester, Manager			10 3	1/19			
1	() มีอีพ ถ	्री भूच्या गहरू	7	,			
	ester et and addresses) ester t State RI State and This informaticiare and affirmments contain	ester and addresses) of the Limited Lia ester t State RI Zip 02893 State Zip and This information is currently of re- clare and affirm that I have exa- ments contained herein are true	City West Warwick and addresses) of the Limited Liability Company. IF APPLICABL Manager Name Street Address City Manager Name Street Address Street Address City Manager Name Street Address City Manager Name Street Address City And This information is currently of record with the Department of State and affirm that I have examined this report, including ments contained herein are true and correct.	West Warwick RI Idability Company and Name or Title of Contact Person Contact Title Manager City West Warwick State RI and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST ester Manager Name Street Address State State City State Manager Name Street Address Street Address State Check the box to and. This information is currently of record with the Department of State. Changes require filing clare and affirm that I have examined this report, including any accompanying ments contained herein are true and correct. Date // 0 / 3			

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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