



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2020  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2020 SEP 14 PM 3:15

1. Entity ID Number 100366		2. Exact name of the Corporation CRB Holdings, Inc.					
3. Principal Office Address 29 Meeting House Lane				City Little Compton		State RI	Zip 02837
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To acquire, own and manage assets, including real and personal property					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name Richard L. Bready				Vice-President Name			
Street Address 280 Irving Ave				Street Address			
City Providence		State RI	Zip 02906	City		State	Zip
Secretary Name Richard L. Bready				Treasurer Name Richard L. Bready			
Street Address 280 Irving Ave.				Street Address 280 Irving Ave.			
City Providence		State RI	Zip 02906	City Providence		State RI	Zip 02906
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name Richard L. Bready				Director Name			
Street Address 280 Irving Ave.				Street Address			
City Providence		State RI	Zip 02906	City		State	Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
			100			0	
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.							
<b>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.</b>							
Name of Authorized Representative Richard L. Bready						Date 8-26-20	
Signature of Authorized Representative <i>Richard L. Bready</i>							

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**  
 SEP 14 2020  
 BY *Cu R09WP* 3:22  
 FORM 630 - Revised: 08/2020