



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

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

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 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)					Check the box to indicate an attachment <input type="checkbox"/>	
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)					Check the box to indicate an attachment <input type="checkbox"/>	
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				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	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.						
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 Richard L. Bready					Date 8/26/20	
Signature of Authorized Representative <i>Richard L. Bready</i>					FILED ^m	

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

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 FORM 630 Revised: 08/2020