|                                              | State of Rhode<br>Office of the Secreta                                                                       |                                  | Fee: \$50.0        |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------|
|                                              | Division Of Business<br>148 W. River S                                                                        | treet                            |                    |
| HOPE                                         | Providence RI 0290<br>(401) 222-304                                                                           |                                  |                    |
| Limited Liability Com<br>Annual Report       |                                                                                                               |                                  |                    |
| Filing Period: September 1                   | - November 1                                                                                                  |                                  |                    |
|                                              | 7-16-66(d), each limited liability comp<br>n thirty (30) days after the time presc<br>penalty fee of \$25.00. |                                  |                    |
| ANNUAL REPORT YEAR:                          | <u>2020</u>                                                                                                   |                                  |                    |
| <b>1. ID No.</b> <u>001687471</u>            | <u>_</u>                                                                                                      |                                  |                    |
| 2. Exact Name of the Li                      | mited Liability Company <u>McCrigh</u>                                                                        | t & Associates, LLC              |                    |
| 3. State of Formation                        |                                                                                                               |                                  |                    |
| State: <u>TN</u>                             |                                                                                                               |                                  |                    |
|                                              | ARTICLE III                                                                                                   |                                  |                    |
| <u>541350</u>                                | e information on <u>NAICS</u> can be found                                                                    | onine.                           |                    |
| 4. Brief Description of th                   | e Character of the Business Which                                                                             | is Actually Conducted in         | Rhode Island       |
| PERFORMANCE OF H                             | OUSING QUALITY STANDAR                                                                                        | DS INSPECTIONS OF PI             | IBLIC              |
| HOUSING                                      | OUSING QUALITT STANDAR                                                                                        | DS INSI ECTIONS OF I             | JDLIC              |
| PROPERTIES ON AS C<br>AUTHORITIES.           | CONTRACT BASIS WITH RHOE                                                                                      | <u>ÞE ISLAND BASED PUB</u>       | LIC HOUSING        |
| 5. Principal Office Addre                    | SS                                                                                                            |                                  |                    |
| No. and Street: <u>928 N</u>                 | <b>ICCALLIE AVENUE</b>                                                                                        |                                  |                    |
| City or Town: <u>CHA</u>                     | TTANOOGA Stat                                                                                                 | e: <u>TN</u> Zip: <u>37403</u> C | ountry: <u>USA</u> |
| 6. Mailing Address of Lir                    | nited Liability Company and Name                                                                              | or Title of Contact Person       | ו:                 |
| Contact Name: Contact                        |                                                                                                               |                                  |                    |
|                                              | BOX 6038                                                                                                      | 7: 07404 0                       | otau LICA          |
| City or Town: <u>CH</u>                      | ATTANOOGA State: TN                                                                                           | Zip: <u>37401</u> Cou            | ntry: <u>USA</u>   |
| 7. Name and Address of<br>DO NOT LIST MEMBER | Each Manager of the Limited Liab<br>RS                                                                        | ility Company, if Applicab       | le.                |
| Title                                        | Individual Name                                                                                               | Address                          |                    |
|                                              | First, Middle, Last, Suffix                                                                                   | Address, City or Town, State, Z  | ip Code, Country   |

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 23 Day of September, 2020 at 3:28:36 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By DAVID TATUM

Signature of Authorized Person

Form No. 632 Revised 09/07

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