	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
	Providence RI 0290		
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. 000841074			
2. Exact Name of the Limited Liability Company <u>CROSSROADS DESIGN ASSOCIATES, LLC</u>			
3. State of Formation			
State: <u>MA</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>541310</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducte	d in Rhode Island
ARCHITECTURAL DE	SIGN AND PLANNING SERVIC	<u>ZES.</u>	
5. Principal Office Addre	SS		
No. and Street: 53 B	OYDES CROSSING		
		: <u>MA</u> Zip: <u>02056</u>	Country: USA
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Pe	erson:
Contact Name: MICHAEL BASKIN Contact Title:			
	YDES CROSSING		Country LICA
City or Town: NOR		e: <u>MA</u> Zip: <u>02056</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	ess
	First, Middle, Last, Suffix	Address, City or Town, S	tate, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC. 47 WOOD AVE. STE 2 BARRINGTON , RI 02806

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

Signed this 5 Day of October, 2020 at 12:18:49 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 <u>MICHAEL BASKIN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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