

Annual Report for the year: 2018
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 Entity ID Number	Firstly ID Number 2. Evert name of the Limited Liebility Community					
000555640	Exact name of the Limited Liability Company Cross-Stack Consulting, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
541512	Computer Consulting					
5. State of Formation	Com	puter	Consulting	onsulting		
RI			9			
C. Dries and Office Add	l <u></u>				- · · · · · · · · · · · · · · · · · · · ·	
6. Principal Office Address			City	State	Zip	
175 HUNTINGHOUSE ROAD			GLOCESTER	RI	02857	
7. Mailing Address of Limited Lia	bility Compa	ny and Name or	Title of Contact Person			
Contact Name SUSAN YOUNG			Contact Title MEMBER	Contact Title MEMBER		
Street Address 175 HUNTINGHOUSE ROAD			City GLOCESTER	State RI	Zip 02857	
8. List ALL managers (names ar	nd addresses) of the Limited L	iability Company, IF APPLICAB	LE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Žīp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
	·	<u> </u>	— L .	Check the box to i	indicate an attachment	
9. The Resident Agent information	on currently o	f record with the	RI Department of State is accur			
Under penalty of perjury, I dec	lare and affi	rm that I have e.	xamined this report, including			
statements, and that all statements contained herein are true and correct. Name of Authorized Person				Date	Date	
				Date		
<u> </u>						
Signature of Authorized Person						
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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

BY MGF7B