3	State of Rhode Island Department of State -
Annua	I Report for the year:

Department of State - Business Services Division

2021

JAN 27 2021

FILED

BY_10373

\sim
1//

\rightarrow	Filina	period:	Januan	/ 1	- March 1
	1 11111111111	period.	Januar	, ,	- 14101011

→ Filing Period. January
→ Filing Fee: \$50.00

Corporation

Entity ID Number	2. Exact nam	2. Exact name of the Corporation												
165271		CREST PROPERTIES, INC.												
3. Principal Office Address			·	City				State			Zip			
3399 South County Trail				East Greenwich			RI				18			
4. NAICS Code	6. Brief desc	6. Brief description of the character			er of business conducted in Rhode Island									
531120	AWAICDE	OWNERSHIP AND DEVELOR												
5. State of Incorporation	—— OWNERS	HPAN	ID DEVELO	rivitN	LOFKE	ALI	ESTATE							
RHODE ISLAND	 													
7. List ALL officers (names ar	nd addresses)							ne box	to in	dicate a	n att	achment L		
President Name Brian A. Williams				Vice-President Name Kevin S. Bicknell										
Street Address 110 Hamburger Road				Street Address 2 Brighton Lanc										
City Coventry	State RI	Zı	02816	City	North Kingstown			State	RI		Zip 02852			
Secretary Name Kevin S. Bic	knell	- -		Trea	surer Nar	ne R	obert J. Mowry	'						
Street Address 2 Brighton Lane				Street Address 29 Pond View Road										
		117	d 00000	_ال ⊐ادني			<u> </u>			1	Zio			
North Kingstown	State		⁰²⁸⁵²		Covent	гу		State	LRI		֓֓֓֓֓֓֓֓֓֓֓֓֓֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֟֓֓֓֓	02816		
8. List ALL directors (names	and addresses)						Check th	ne box	to ir	idicate a	n att	achment_[
Director Name				Oire	ctor Name	•								
Street Address				Stre	et Addres	5								
City	State	Zi	p	City				State			Zip			
								<u> </u>						
Director Name				Dire	ctor Name)								
Street Address				Stre	et Addres	<u> </u>								
City	State	Zi	p	City	City			State			Zip			
9. Shares Authorized		10	0. Shares Iss					he box	to ir	ndicate a	n att	tachment [
This information is currently of	of record in the	` -	NUMBER OF SHARES				CLASS/SERIES			PAR VALUE				
Department of State.			600				COMMON			NO P	'AR	VALUE		
Changes require an additional	l filing.		<u> </u>		<u> </u>									
11. This report must be exec	uted on behalf of the	corpo	ration by an a	uthoriz	ed repre	senta	ative. If the corpor	ation is	s in t	he hand	s of	a receiver (
trustee, this report must be e												. 		
Under penalty of perjury, I statements, and that all sta						nciu	ding any accom	panyır	ıg so	chedule	s an	đ		
Name of Authorized Represe		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 07 0 0 0 0 0 17	<u> </u>				Date						
BRIAN A. WILLIAMS								1 I	January 21, 2021					
Signature of Authorized Rep	resentative	 ,						1						
1 (k.s) A		1_												

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov