



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2021**
 Corporation

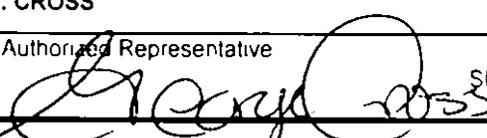
- Filing period January 1 - March 1
- Filing Fee \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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FOR
 SECRETARY OF STATE
 USE ONLY

1 Entity ID Number 115967		2 Exact name of the Corporation CROSS INSULATION, INC.			
3 Principal Office Address 10 F APPIAN WAY			City SMITHFIELD	State RI	Zip 02917
4 NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island TO SERVICE RESIDENTIAL HOUSING WITH BLOWN AND WRAPPED INSULATION			
5 State of Incorporation RHODE ISLAND					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GEORGE A. CROSS			Vice-President Name LISA CROSS		
Street Address 10 F APPIAN WAY			Street Address 10 F APPIAN WAY		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name GEORGE A. CROSS			Treasurer Name GEORGE A. CROSS		
Street Address 10 F APPIAN WAY			Street Address 10 F APPIAN WAY		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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		PAR VALUE
			500	COMMON	NO PAR VALUE
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 GEORGE A. CROSS					Date 2-9-21
Signature of Authorized Representative X 			SIGN DOCUMENT HERE FILED		

MAR 03 2021
 BY 1045 A.A.