



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILEDAnnual 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.

MAR 17 2021
 BY *[Signature]*

1. Entity ID Number 58972		2. Exact name of the Corporation CRESS & CO., INC.	
3. Principal Office Address 5853 Post Road		City East Greenwich	State RI
		Zip 02818	
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island as principal agent or broker and on commission or otherwise to buy, sell, exchange, lease, let, grant or take licenses in respect of, improve, develop, repair, manage, maintain and operate real property of every kind		
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 Robert C. Cressman, Jr.		Vice-President Name Robert C. Cressman, Jr.	
Street Address 1 Ashbrook Run		Street Address 1 Ashbrook Run	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
Secretary Name Robert C. Cressman, Jr.		Treasurer Name Robert C. Cressman, Jr.	
Street Address 1 Ashbrook Run		Street Address 1 Ashbrook Run	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		CLASS/SERIES	
		PAR VALUE	
		600	COMMON
			NO PAR
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 Robert C. Cressman, Jr., President		Date 2-24-21	
Signature of Authorized Representative <i>Robert C. Cressman, Jr.</i> SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov