



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

FILED

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.

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	Zip 02818	City East Greenwich	State RI	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	Zip 02818	City East Greenwich	State RI	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	Zip	City	State	Zip									
Director Name			Director Name											
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> <tr> <td style="text-align: center;">600</td> <td style="text-align: center;">COMMON</td> <td style="text-align: center;">NO PAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	COMMON	NO PAR			
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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