RI SOS Filing Number: 202101824170 Date: 9/20/2021 4:00:00 PM

State of Rhode Island

Annual Report for the year: 2021			FILED			
Limited Liability Cor → Filing period: Septen → Filing Fee: \$50.00 → Penalty: Additional \$2	mpany nber 1 - Novembe		ember 1.	SEP 2 BY	0.2021	
1. Entity 1D Number	2. Exact nam	2. Exact name of the Limited Liability Company				
001691540	240 CRESO	240 CRESCENT VIEW, LLC				
3. NAICS Code 5. State of Formation RHODE ISLAND		Brief description of the character of business conducted in Rhode Island OWNERSHIP AND DEVELOPMENT OF REAL ESTATE				
6. Principal Office Address 639 GRANITE STREET SUITE 410		City	State	Zip		
			BRAINTREE	MA	02184	
7. Mailing Address of Limite	d Liability Company	and Name or Tit	le of Contact Person	<u></u>		
Contact Name JOHN G. SN	IYDER		Contact Title MANAGER			
Street Address 639 GRANITE STREET SUITE 410			City BRAINTREE	State MA	^{Zip} 02184	
8. List ALL managers (nam	es and addresses)	of the Limited Lial	bility Company, IF APPLICAB	LE - DO NOT LIST N	MEMBERS	
Manager Name JOHN G. SNYDER			Manager Name			
Street Address 639 GRANIT	TE STREET SUIT	E 410	Street Address			
City BRAINTREE	State MA	^{Zip} 02184	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	1		<u> </u>	Check the box to it	ndicate an attachment	
9. The Resident Agent infor	mation currently of	record with the RI	Department of State is accur	ate. Changes require	e filing Form 642.	
Under penalty of perjury, statements, and that all s			mined this report, including e and correct.	any accompanyin	g schedules and	
Name of Authorized Person	1			Date		
JOHN G. SNYDER, MAN	MAGED			اه ا	ulos	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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