



State of Rhode Island

Department of State - Business Services Division

FILEDAnnual Report for the year: 2021**Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

OCT 18 2021

BY

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1. Entity ID Number 000160004		2. Exact name of the Limited Liability Company South Office at the Crossings LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Development of Real Estate			
5. State of Formation Rhode Island					
6. Principal Office Address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Kelly Coates			Contact Title Authorized Trustee		
Street Address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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 Person Kelly Coates				Date 9/30/21	
Signature of Authorized Person 					

MAIL TO:**Division of Business Services**

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