



State of Rhode Island
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001698167

2. Exact Name of the Limited Liability Company REID FAMILY CROWFIELD LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531390

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

WE RENT THIS PROPERTY FROM TIME TO TIME

5. Principal Office Address

No. and Street: 53 CONANICUS AVE

3E

City or Town: JAMESTOWN

State: RI

Zip: 02835

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ELIZABETH REID Contact Title:

No. and Street: 53 CONANICUS AVE

3E

City or Town: JAMESTOWN

State: RI

Zip: 02835

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	ROBERT CLAY REID JR.	3727 EASTERN AVE NORTH

		SEATTLE, WA 99103 USA
MANAGER	ELIZABETH AUB REID	23 COOLIDGE HILL RD CAMBRIDGE, MA 02138 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

A. MAX KOHLENBERG DAY PITNEY LLP ONE FINANCIAL PLAZA, SUITE 2200 PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 13 Day of November, 2021 at 1:51:28 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ELIZ REID
Signature of Authorized Person

Form No. 632
Revised 09/07

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