



State of Rhode Island

Department of State - Business Services Division JS SVCS DIV

RECEIVED  
R.I. DEPT. OF STATE  
JS SVCS DIV

Annual Report for the year: 2022  
Corporation

2022 APR 18 A 11: 24

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>0062878</b>		2. Exact name of the Corporation <b>Cranwilde, Inc.</b>			
3. Principal Office Address <b>c/o Gravestar, Inc. 160 Second Street</b>			City <b>Cambridge</b>	State <b>MA</b>	Zip <b>02142</b>
4. NAICS Code <b>531311</b>		6. Brief description of the character of business conducted in Rhode Island <b>Real Estate Ownership</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Janet M. Corpus</b>			Vice-President Name		
Street Address <b>160 Second Street</b>			Street Address		
City <b>Cambridge</b>	State <b>MA</b>	Zip <b>02142</b>	City	State	Zip
Secretary Name <b>Janet M. Corpus</b>			Treasurer Name <b>Janet M. Corpus</b>		
Street Address <b>160 Second Street</b>			Street Address <b>160 Second Street</b>		
City <b>Cambridge</b>	State <b>MA</b>	Zip <b>02142</b>	City <b>Cambridge</b>	State <b>MA</b>	Zip <b>02142</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Janet M. Corpus</b>			Director Name <b>David T. Ting</b>		
Street Address <b>160 Second Street</b>			Street Address <b>1 Wentworth Drive</b>		
City <b>Cambridge</b>	State <b>MA</b>	Zip <b>02142</b>	City <b>Southboro</b>	State <b>MA</b>	Zip <b>01772</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>250</b>	<b>A Common</b>	<b>\$100</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Janet M. Corpus, President</b>					Date <b>4/11/22</b>
Signature of Authorized Representative <i>See attached</i>					<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

APR 18 2022  
BY *[Signature]*  
11:27

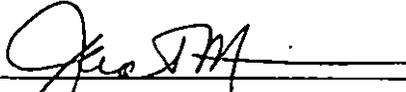
62878

**SIGNATURE PAGE TO STATE OF SECRETARY OF STATE FORM**

NAME OF CORPORATION: CRANWILDE, INC., a Rhode Island corporation

**SIGNATURE TO FORM:**

Cranwilde, Inc., a Rhode Island corporation,

By:   
Janet M. Corpus  
President and Secretary

DATE: April 11, 2022