



**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: February 1 - May 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 - ENTER THE CURRENT FILING YEAR **2023**:** 2023

**1. ID No.** 000941986

**2. Exact Name of the Limited Liability Company** NORTH SMITHFIELD CP LLC

**3. State of Formation**

State: DE

**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**

TO ACQUIRE TITLE TO CERTAIN REAL PROPERTY KNOWN AS 900 VICTORY HIGHWAY,  
NORTH SMITHFIELD, RI, AND TO HOLD, IMPROVE, OPERATE, CONSTRUCT,  
DEVELOP, MAINTAIN, LEASE, SELL, MORTGAGE AND OTHERWISE DEAL WITH THE  
PREMISES. IT SHALL ALSO INCLUDE THE DOING OF ANY AND ALL THINGS  
INCIDENTAL THERETO OR CONNECTED THEREWITH, INCLUDING, WITHOUT  
LIMITATION, THE ACQUISITION OF THE PREMISES (AND ANY REAL ESTATE AND  
IMPROVEMENTS EITHER CONTIGUOUS THERETO OR WITHIN THE IMMEDIATE  
TRADE  
AREA), THE DEVELOPMENT AND RENTING OF ANY IMPROVEMENTS THEREON  
AND THE  
INTERIM AND PERMANENT FINANCING OF THE CURRENT CONFIGURATION OF  
THE  
PREMISES, AS WELL AS THE CONSTRUCTION, FINANCING, AND DEVELOPMENT

OF  
ANY FUTURE IMPROVEMENTS THEREON.

**5. Principal Office Address**

No. and Street: CORPORATION TRUST CENTER  
1209 ORANGE STREET

City or Town: WILMINGTON

State: DE Zip: 19801 Country: USA

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

Contact Name: Contact Title:

No. and Street: C/O CROSSPOINT ASSOCIATES, INC.  
181 NEEDHAM ST., STE. 255

City or Town: NEWTON

State: MA Zip: 02464 Country: USA

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

DAVID P. MARTLAND, ESQ. 1100 AQUIDNECK AVENUE MIDDLETOWN , RI 02842

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

**Signed this 27 Day of April, 2023 at 12:10:51 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 DAVID P. MARTLAND

Signature of Authorized Person

Form No. 632  
Revised 09/07

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