



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024

Limited Liability Company

→ 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 000144679		2. Exact name of the Limited Liability Company Cross Patch, LLC	
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island owning and managing real estate	
5. State of Formation RI			
6. Principal Office Address 2124 Chesterfield Drive		City Atlanta	State GA
		Zip 30345	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Sarah Craven Cook		Contact Title Manager	
Street Address 2124 Chesterfield Drive		City Atlanta	State GA
		Zip 30345	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person Sarah Craven Cook		Date 1/16/24	
Signature of Authorized Person <i>Sarah Cook</i>			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

WBS FILED 1/15/24
JAN 30 2024
BY III