

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2024 **Limited Liability Company** 

FEB 1 2 2024

→ 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 000159762	2. Exact name of the Limited Liability Company Offices At The Crossings I, LLC			
3 NAICS Code 531690	Brief description of the character of business conducted in Rhode Island     Ownership and Development of Real Estate			
5. State of Formation Rhode Island				
6. Principal Office Address	······································	City	State	Zip
1414 Atwood Avenue	•	Johnston	RI	02919
7 Mailing Address of Limite	d 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	<sup>Zip</sup> 02919
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accu	irate. Changes requir	e filing Form 642
9 Under penalty of perjur statements, and that all st	y, I declare and affirm that I I atements contained herein a	nave examined this report, includers true and correct.	ding any accompany	ving schedules and
Name of Authorized Person Kelly Coates		Date //17/74		
Signature of Authorized Per	son full refs	Athorizad The	The _	

## MAIL TO:

**Division of Business Services** 

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