RI SOS Filing N	RI SOS Filing Number: 202447186880 Date: 2/23/2024 4:00:00 PM							
State of Rhode Island								
Department of State - Business Services Division FILED								
Annual Report for the year:	2024		, ,==					
Corporation			FEB 23 2024					
→ Filing Fee: \$50.00	BY 10405							
Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation						\overline{AC}		
1652 CREST PROPERTIES, INC.								
3 Principal Office Address 3377 South County Trail, Suite 2			City East Gre	eenwich	State		^{Zip} 02818	
4. NAICS Code		/ the characte		<u> </u>		02010		
531120	Brief description of the character of business conducted in Rhode Island							
5 State of Incorporation	OWNERSHIP AND DEVELOPMENT OF REAL ESTATE							
RHODE ISLAND								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Brian A. Willia	Brian A. Williams			Vice-President Name Kevin S. Bicknell				
	et Address 110 Hamburger Road			Street Address 2 Brighton Lane				
City Coventry	State RI	^{Z-p} 02816	City North	Kingstown	State	RI	02852	
Secretary Name Kevin S. Bicknell			Treasurer Name Brian A. Williams					
Street Address 2 Brighton Lane			Street Address 110 Hamburger Road					
City North Kingstown	State RI	^{Zip} 02852	City Cover	ntry	State	RI	02816	
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name	Director Name							
Street Address			Street Address					
City	State	Zıp	Спу		State		Zip	
Director Name			Director Name					
Street Address	Street Address							
Crty	State	Zip	City	State		Zıp		
9 Shares Authorized	<u> </u>	10. Charas leav		Objective to				
This information is currently of record in the NUM		10. Shares Issue	FISHARES CLASS/SERIFS PARIVALUE					
Department of State.		600	[COMMON		NO PAR VALUE		
Changes require an additional filing.	,			- · —				
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.								
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.								
Name of Authorized Representative	e e e e e e e e e e e e e e e e e e e	rein are true and	correct.		Date		-	
BRIAN A. WILLIAMS					Feb	February 21, 2024		
Signature of Authorized Representative								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov