



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2024

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

FILED

FEB 23 2024

BY

20145

1. Entity ID Number 132040		2. Exact name of the Corporation CREST MANAGEMENT CO., INC.	
3. Principal Office Address 3377 South County Trail, Suite 2		City East Greenwich	State RI
		Zip 02818	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF MANAGING THE CONSTRUCTION, RENOVATION AND REMODELING OF BUILDINGS AND OTHER STRUCTURES BOTH RESIDENTIAL AND COMMERCIAL		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Kevin S. Bicknell		Vice-President Name Brian A. Williams	
Street Address 2 Brighton Lane		Street Address 110 Hamburger Road	
City North Kingstown	State RI	City Coventry	State RI
	Zip 02852		Zip 02816
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	City Coventry	State RI
	Zip 02852		Zip 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	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES 1000	CLASS/SERIES COMMON
		PAR VALUE NO PAR VALUE	
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 KEVIN S. BICKNELL		Date 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