



**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 YEAR 2024:** 2024

**1. ID No.** 001682712

**2. Exact Name of the Limited Liability Company** FOXROCK ALBION CROSS REALTY, LLC

**3. State of Formation**

State: MA

**NAICS CODE**

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.

531110

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO ENGAGE IN THE ACQUISITION OWNERSHIP DEVELOPMENT OPERATION  
MANAGEMENT  
LEASING FINANCING MORTGAGING SELLER OF AND OTHERWISE DEALING WITH  
THE  
REAL  
PROPERTY LOCATED AT ONE ALBION ROAD LINCOLN RI

**5. Principal Office Address**

No. and Street: 350 GRANITE STREET  
SUITE 2205

City or Town: BRAINTREE State: MA Zip: 02184 Country: USA

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

Contact Name:   Contact Title:  
No. and Street:   350 GRANITE STREET  
                          SUITE 2205  
City or Town:   BRAINTREE                           State: MA    Zip: 02184   Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**  
  
      WIECK DELUCA & GEMMA, INCORPORATED WIECK DELUCA & GEMMA INCORPORATED ONE  
TURKS HEAD PLACE, SUITE 1300 PROVIDENCE , RI 02903

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

**Signed this 18 Day of March, 2024 at 3:46:18 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 JASON T WARD  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved