



**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. 000941986

2. Exact Name of the Limited Liability Company NORTH SMITHFIELD CP LLC

3. State of Formation

State: DE

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.

531390

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

TO ACQUIRE TITLE TO CERTAIN REAL PROPERTY KNOWN AS 900 VICTORY HIGHWAY, NORTH SMITHFIELD, RI, AND TO HOLD, IMPROVE, OPERATE, CONSTRUCT, DEVELOP, MAINTAIN, LEASE, SELL, MORTGAGE AND OTHERWISE DEAL WITH THE PREMISES. IT SHALL ALSO INCLUDE THE DOING OF ANY AND ALL THINGS INCIDENTAL THERETO OR CONNECTED THEREWITH, INCLUDING, WITHOUT LIMITATION, THE ACQUISITION OF THE PREMISES (AND ANY REAL ESTATE AND IMPROVEMENTS EITHER CONTIGUOUS THERETO OR WITHIN THE IMMEDIATE TRADE AREA), THE DEVELOPMENT AND RENTING OF ANY IMPROVEMENTS THEREON AND THE INTERIM AND PERMANENT FINANCING OF THE CURRENT CONFIGURATION OF THE PREMISES, AS WELL AS THE CONSTRUCTION, FINANCING, AND DEVELOPMENT

OF
ANY FUTURE IMPROVEMENTS THEREON.

5. Principal Office Address

No. and Street: CORPORATION TRUST CENTER
1209 ORANGE STREET
City or Town: WILMINGTON State: DE Zip: 19801 Country: USA

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

Contact Name: Contact Title:
No. and Street: C/O CROSSPOINT ASSOCIATES, INC.
181 NEEDHAM ST., STE. 255
City or Town: NEWTON State: MA Zip: 02464 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DAVID P. MARTLAND, ESQ. 1100 AQUIDNECK AVENUE MIDDLETOWN , RI 02842

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

Signed this 10 Day of April, 2024 at 12:48:44 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 DAVID P. MARTLAND
Signature of Authorized Person

Form No. 632
Revised 09/07

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