	: \$50.00
Office of the Secretary of State Division Of Business Services	
148 W. River Street Providence RI 02904-2615	
<b>1636</b> (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 2025: 2025	
<b>1. ID No.</b> <u>000144679</u>	
2. Exact Name of the Limited Liability Company <u>CROSS PATCH, LLC</u>	
3. State of Formation	
State: <u>RI</u>	
NAICS CODE	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>531110</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
OWNING AND MANAGING REAL ESTATE	
5. Principal Office Address	
No. and Street: <u>2124 CHESTERFIELD DRIVE</u>	
City or Town: ATLANTA State: GA Zip: 30345 Country: U	<u>SA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: <u>SARAH CRAVEN COOK</u> Contact Title: No. and Street: <u>2124 CHESTERFIELD DRIVE</u>	
City or Town:   ATLANTA     State:   GA     Zip:   30345     Country:   L	<u>JSA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	
ORSON AND BRUSINI LTD. 211 QUAKER LANE, SUITE 201 WEST WARWICK , RI 02893	

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

**Signed this 25 Day of November, 2024 at 11:14:46 AM 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 SARAH CRAVEN COOK

Signature of Authorized Person

Form No. 632 Revised 09/07

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