RI SOS Filing Number: 202563744690 Date: 1/31/2025 4:00:00 PM

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## State of Rhode Island Department of State - Business Services Division

2025

FILED

(JAN 3-1-2025

(BY 1145 E)

Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

| Entity ID Number  | 2. Exact name of the Limited Liability Company  |                          |          |                      |  |  |
|---|---|--------------------------|----------|----------------------|--|--|
| 001675842   | Cross Street Legal, LLC   |                          |          |                      |  |  |
| 3. NAICS Code<br>53   | Brief description of the character of business conducted in Rhode Island     Real Estate Management |                          |          |                      |  |  |
| 5. State of Formation   | 1   |                          |          |                      |  |  |
| RI  |   |                          |          |                      |  |  |
| 6. Principal Office Address   | · <u>-</u>  | City                     | State    | Zip                  |  |  |
| 97 Cross Street   |   | Westerly                 | RI       | 02891                |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                          |          |                      |  |  |
| Contact Name<br>Margaret L. Steele  |   | Contact Title Member     |          |                      |  |  |
| Street Address 97 Cross Street  |   | <sup>City</sup> Westerly | State RI | <sup>Zip</sup> 02891 |  |  |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |   |                          |          |                      |  |  |
| 9. 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 Person   |   |                          | Date     |                      |  |  |
| Margaret L. Steele // / / / / / / / / / / / / / / / /   |   |                          |          |                      |  |  |
| Signature of Authorized Person  |   |                          |          |                      |  |  |

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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