RI SOS Filing Number: 202564756890 Date: 2/10/2025 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025 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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
001746440	57 Cross Street, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531311	real estate holding					
5 State of Formation	7					
Rhode Island						
6. Principal Office Address	<u> </u>	City	State	Zip		
27 Silva Street	Wakefield		RI	02879		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Kathy M. Caduto		Contact Title Member				
Street Address 27 Silva Street		City Wakefield	State RI	Zip 02879		
8 The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
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 / /	1 = *** 1 1		
KATHLEEN CADUT D			2/3/25			
Signature of Authorized Person Kattleen Coluto						
gattleen Caluto						

MAIL TO:

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

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