

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000004238

**Entity Name:** CRP OF NEW JERSEY, LLC

**Current Principal Place of Business:**

1250 ROUTE 28 STE.201  
BRANCHBURG, NJ 08876

**Current Mailing Address:**

1250 ROUTE 28 STE.201  
BRANCHBURG, NJ 08876 US

**FEI Number:** 20-4376681

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name SCIORTINO, JOHN J  
Address 1250 ROUTE 28 #201  
City-State-Zip: BRANCHBURG NJ 08876

Title AUTHORIZED MEMBER  
Name MARQUIS, ALFRED C  
Address 1250 ROUTE 28 #201  
City-State-Zip: BRANCHBURG NJ 08876

Title AUTHORIZED MEMBER  
Name FORENZA, PETER H  
Address 1250 ROUTE 28 #201  
City-State-Zip: BRANCHBURG NJ 08876

Title AUTHORIZED MEMBER  
Name PITTS, ROBERT B  
Address 1250 ROUTE 28 #201  
City-State-Zip: BRANCHBURG NJ 08876

Title AUTHORIZED MEMBER  
Name LINNEY, WILLIAM X  
Address 1250 ROUTE 28 #201  
City-State-Zip: BRANCHBURG NJ 08876

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALFRED C MARQUIS

**MEMBER**

**04/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date