# 2025 Annual Return for Cranston, RI

STATE LAW REQUIRES ANNUAL FILIN INCREASED ASSESSMENT. Mail Completed Form	THIS FORM	I IS NOT SUI	BJECT TO PUBLI	C INSPECTION.		
Statemo	ent of valuatio	n as of Decen	nber 31, 2024	Assessor Use Only		
		This Name and M will be used for tl Please indicate ch incorrect.	he Tax Bill.			
Pursuant to RI General Laws, Chapter 44-5-15 as amer JANUARY 1, 2025 and JANUARY 31, 2025. I prior to JANUARY 31, 2025 of intention to submit assets within the prescribed time eliminates th Thank You for your cooperation. If we may be of ass THIS FORM I	f the declaration t declaration by <b>I</b> he right to app sistance in prepar	cannot be made MARCH 15, 2 peal. No amend	within the prescribed 2025. Failure to fil led returns will be acco	time, written notice must be submitted e a true and complete account of epted after MARCH 15, 2025. Assessor's Office at (401) 780-3181		
<b>BUSINESS INFO</b> FEDERAL EIN #:			NAICS	#:		
BUSINESS NAME / DBA:						
BUSINESS LOCATION:						
BUSINESS OWNER NAME:						
MAILING ADDRESS (IF DIFFERENT FROM LABEL	_):					
<b>OWNERSHIP</b> (CIRCLE ONE): SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC						
IS THE ORGANIZATION REGISTERED WITH	THE STATE (	OF RHODE IS	LAND?			
BUSINESS TYPE (CIRCLE ONE):						
MFG / INDUST RETAIL OFFICE	FOOD S	SERVICE	MEDICAL	SERVICE OTHER		
GENERAL DESCRIPTION OF BUSINESS:						
Number of Employees (as of December 31, 2024): Square Feet Occupied:						
Is the occupied space leased or owned: Monthly Rent:						
Seating Capacity (if applicable):	<u>.</u>					
SECTION 1 REAL ESTATE OWNE	<u>ED</u>	If You Need Ac	ditional Space Attach	Addendum		
LOCATION & DESCRIPTION	As Plat (s)	Assessor's (s) Lot (s) Land		Claimed Full Value Improvements		

## SECTION 2 SHORT LIFE - COMPUTER EQUIPMENT ONLY

Please list all short life (PC computer equipment) separately in this section. **Manufacturers** include all equipment **NOT** used directly in the actual manufacturing process. Attach a separate sheet if necessary. *LIST ALL LEASED / RENTED EQUIPMENT IN SECTION 8*.

Calendar Year Purchased	Acquired New or Used?	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2024			5%		
2023			20%		
2022			40%		
2021			70%		
2020 & Prior			80%		
TOTALS					

## SECTION 3 TANGIBLE PERSONAL PROPERTY

List by year the total acquisition cost for all furniture, fixtures, equipment, signs and **unregistered vehicles o**wned by you that are used in conducting the operations of any retail, wholesale, service, contracting, professional or other type of business that have an economic life between 6 and 12 years.

Manufacturers should only report furniture, fixtures and equipment that are NOT used directly in the actual manufacturing process.

**IMPORTANT** ~ Be sure to declare all acquisitions still in use, even though fully depreciated on your books. *List all leased / rented equipment in Section 8. Be sure to list all computer equipment separately in Section 2.* 

Calendar Year Purchased	Acquisition New or Used	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2024			5%		
2023			10%		
2022			20%		
2021			30%		
2020			40%		
2019			50%		
2018			60%		
2017 & prior			70%		
TOTALS					

## SECTION 4 LONG LIFE ASSETS

List by year the total acquisition cost for assets that have an economic life of 13 years or more. Manufacturers should only report assets that are NOT used directly in the actual manufacturing process. **IMPORTANT** ~ Be sure to declare all acquisitions still in use, even though fully depreciated on your books. *UST ALL LEASED (RENTED FOLUPMENT IN SECTION 8, DO NOT duplicate assets reported in Sections 2 and 3* 

Calendar Year	Acquisition	Acquisition	Depreciation	Claimed	Assessor's
Purchased	New or Used	Cost	Rate	Full Value	Use Only
2024			5%		
2023			10%		
2022			15%		
2021			20%		
2020			25%		
2019			30%		
2018			35%		
2017			40%		
2016			45%		
2015			50%		
2014			55%		
2013			60%		
2012			65%		
2011 & Prior			70%		
TOTALS					

SECTION 5 BUILD	INGS & IMPROVE	EMENTS O	N LEASE	D LAND		
Property Address:				PLAT	_ LOT	
Property Used For:				CLAIMED F	ULL VALUE:	
Name of Landowner:				\$		
Is Lease Recorded? YES _	NO D	ates of Lease F	From:	to		
SECTION 6 INVEN This Section to be used by Al Your Average Monthly Stor	SECTION 6 INVENTORY / STOCK IN TRADE / SUPPLIES   This Section to be used by ALL BUSINESSES, INCLUDING MANUFACTURERS. Include any consigned inventories   Your Average Monthly Stock in Trade/Supplies Inventory at Cost   Your Average Monthly Inventory at Cost   Method Used					
SECTION 7 MANUFACTURER INVENTORIES WHICH YOU CLAIM EXEMPT (RI Law 44-5-38, as amended)						
SECTION 8   LEASED / RENTED / CONSIGNED   This Section to be Used by All Businesses     TANGIBLE PERSONAL PROPERTY   INCLUDING MANUFACTURERS						
Owner / Address	Item Description	Cost New	Lease Terr	m Monthly	Rent Lease #	
SECTION 9 TANGIBLE PROPERTY LEASED OR RENTED TO OTHERS						
On December 31, 2024, if you owned any items of tangible personal property (except registered motor vehicles), which you leased or rented to others, attach a separate schedule to this form and report all of the following information for each item:						
Lessee's name and location of property, description of property, your acquisition cost, date of acquisition or installation, date of manufacture, monthly rental or lease income, and dates of lease. Information on disposed assets must also be reported, including a list of assets, date of disposal and how the assets were disposed (lease buyout, returned to vendor, etc).						
SECTION 10 LEASE	HOLD IMPROVE	MENTS				

Fixtures, etc. owned by you and attached to or used in real estate owned by others and not reported elsewhere. Leasehold improvements include, but are not limited to, wall paneling, carpeting, tile on wall and floors, ceilings, electrical and plumbing fixtures, partitions, building additions and the like.

Calendar Year Purchased	Description of Improvement	Improvement Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2024			5%		
2023			10%		
2022			20%		
2021			30%		
2020			40%		
2019			50%		
2018			60%		
2017 & Prior			70%		
TOTALS					

#### **SECTION 11 SIGN YOUR RETURN**

I do hereby certify and declare that, to the best of my knowledge and belief, the foregoing is a true and complete list of all real estate and personal property owned by said Corporation, Partnership or Individual in or ratable in said Town/City on the said thirty-first day of December, 2024 at 12 o'clock midnight, Eastern Standard time; that the value placed against each item thereof is the full and fair-cash value thereof at said time.

Please Sign Here	Under penalties of perjury, I declare that I have examined this retu to the best of my knowledge and belief, it is true, correct, and con on all information of which preparer has any knowledge.	
	Signature	Date
	I,(Name) (Ti	am responsible for the tle)
	information contained within this form. My Daytime Phone Num	
true and ful	, personally account, by him/her signed and exhibited, contains t ll account and valuation of all the ratable estate owr o, or individual.	appeared before me and made oath that the to the best of his/her knowledge and belief, a ned or possessed by said corporation, co-
Signature o	of Notary Public & Date	My Commission Expires
information False stater With regard	as has changed, please complete the following. Failing in may result in a Tangible Tax Bill for the coming y ments on this affidavit may be subject to legal recounds ds to said business, I do certify that on <b>D / SOLD / MOVED</b> (CIRCLE ONE)	year. Attach any supporting documentation.
If CLOSE	<b>D:</b> Describe what happened to Business Assets:	
If <b>SOLD:</b> Was the Eq	Provide date of sale and the name of the new owner uppent included in the sale? List the equipment t	r: hat was included
If <b>MOVED</b> Has a Tang	<b>D:</b> New Address:	(Y/N)
	nt):	
Signature:		Date: