

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

509986		2. Exact name of the limited liability company Post Road Realty, LLC				
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island real estate ownership, and other lawful business				
Rhode Island	real esta					
Principal office address 1293 Post Road			City Warwick	State RI	Zip 02888	
	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Joseph J. Gilmartin, III			Contact Title member			
eet Address 293 Post Road			City Warwick	State RI	Zip 02888	
					<u> </u>	
'. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADE MENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBE	
("X" BOX FOR ATTACH	(NAMES AND ADE MENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY, Manager Name	IF APPLICABLE - DO	NOT LIST MEMBE	
("X" BOX FOR ATTACH Manager Name	(NAMES AND ADE	PRESSES) OF THE		IF APPLICABLE - <u>DO</u>	NOT LIST MEMBE	
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	Under penalty of perjury, I declare and affirm t	hat I have examined
File Date	this eport including any accompanying sche	dules and statements,
The second of th	and that all statements contained pereinpare to	rue and c <u>orre</u> ct.
Check No	(book) / felice	AM 9/14/15
5y.	Signature of Authorized Person	Date
	seph J. Gilmartin, IIIکلاًن	
FOR SECRETARY OF STAYE USE ONLY	Print or Type Name of Authorized Person	AAA WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA