



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  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## 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.

|                                                                                                                                                                    |                    |                                                                                                              |                            |                     |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------|----------------------------|---------------------|---------------------|
| 1. Entity ID No.<br><b>789097</b>                                                                                                                                  |                    | 2. Exact name of the limited liability company<br><b>4211 Old Post Road, LLC</b>                             |                            |                     |                     |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                       |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Developmnt</b> |                            |                     |                     |
| 5. Principal office address<br><b>246 Tockwotten Cove Road</b>                                                                                                     |                    | City<br><b>Charlestown</b>                                                                                   | State<br><b>RI</b>         | Zip<br><b>02813</b> |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                               |                    |                                                                                                              |                            |                     |                     |
| Contact Name<br><b>Margaret L. Hogan</b>                                                                                                                           |                    | Contact Title<br><b>Attorney</b>                                                                             |                            |                     |                     |
| Street Address<br><b>344 Main Street, Suite 200</b>                                                                                                                |                    | City<br><b>Wakefield</b>                                                                                     | State<br><b>RI</b>         | Zip<br><b>02879</b> |                     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                                                                                                              |                            |                     |                     |
| Manager Name<br><b>Douglas Brown</b>                                                                                                                               |                    | Manager Name<br><b>Carrie Brown</b>                                                                          |                            |                     |                     |
| Street Address<br><b>246 Tockwotten Cove Road</b>                                                                                                                  |                    | Street Address<br><b>246 Tockwotten Cove Road</b>                                                            |                            |                     |                     |
| City<br><b>Charlestown</b>                                                                                                                                         | State<br><b>RI</b> | Zip<br><b>02813</b>                                                                                          | City<br><b>Charlestown</b> | State<br><b>RI</b>  | Zip<br><b>02813</b> |
| Manager Name                                                                                                                                                       |                    | Manager Name                                                                                                 |                            |                     |                     |
| Street Address                                                                                                                                                     |                    | Street Address                                                                                               |                            |                     |                     |
| City                                                                                                                                                               | State              | Zip                                                                                                          | City                       | State               | Zip                 |
|                                                                                                                                                                    |                    |                                                                                                              |                            |                     |                     |
| 8. RESIDENT AGENT IN RHODE ISLAND                                                                                                                                  |                    |                                                                                                              |                            |                     |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                  |                    |                                                                                                              |                            |                     |                     |

**FILED**

OCT 08 2015

BY

2314

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

*Douglas Brown* 10-2-15  
Signature of Authorized Person Date

**Douglas Brown**

Print or Type Name of Authorized Person