State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year:	
Limited Liability Company	
→ Filing period: September 1 - November 1	
→ Filing Fee: \$50.00	

→ Penalty: Additional \$25.00	fee if form	is not filed by De	ecember 1	_			
,							
1. Entity ID Number	2. Exact name of the Limited Liability Company						
542075	6840 POST ROAD, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	Ownership and management of real estate						
5. State of Formation	1						
Rhode Island							
6. Principal Office Address			City	State	Zip		
312 Murphy Road			Hartford	СТ	06114		
7. Mailing Address of Limited Lia	bility Compa	any and Name or	Title of Contact Person	•	· · · · · · · · · · · · · · · · · · ·		
Contact Name Joseph Sullo			Contact Title	Contact Title			
Street Address 312 Murphy Road			City Hartford	State RI	^{Zip} 06114		
8. List ALL managers (names ar	nd addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST I	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to in	ndicate an attachment		
9. Resident Agent in Rhode Islan							
Under penalty of perjury, I deci statements, and that all statem	lare and aff ents conta	irm that I have e ined herein are	examined this report, includi true and correct.	ing any accompanying	g schedules and		
Name of Authorized Person Date							
Joseph Suillo				9-1	5-16		
Signature of Authorized Person)	CIONI					
porting!		31GN L	DOCUMENT HERE				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED SEP 3 0 2016

BY 5201p