**State of Rhode Island and Providence Plantations**
**Office of the Secretary of State**

**Fee: $50.00**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

## Limited Liability Company
## Annual Report

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. ID No.** 000530582

**2. Exact Name of the Limited Liability Company** 3356 Post Road LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 6 53

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

THE GENERAL CHARACTER OF THE BUSINESS OF THE LLC IS TO OWN, BUY, SELL, MORTGAGE, EXCHANGE, LEASE, MANAGE, HOLD FOR INVESTMENT OR OTHERWISE, USE AND OPERATE REAL ESTATE OF ALL KINDS, IMPROVED OR UNIMPROVED, AND ANY RIGHT OR INTEREST THEREIN, AND TO CARRY ON ANY LAWFUL BUSINESS, OPERATION OR ACTIVITY WHICH MAY BE LAWFULLY CARRIED ON BY A LIMITED LIABILITY COMPANY

**5. Principal Office Address**

No. and Street: 3356 POST ROAD
City or Town: WARWICK State: RI Zip: 02886 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MARK E. BARNETT, Contact Title: ATTORNEY
No. and Street: 71 MAPLE STREET
City or Town: MANSFIELD State: MA Zip: 02048 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**
**DO NOT LIST MEMBERS**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| MANAGER | MANUEL M PINA | 71 MAPLE STREET<br>MANSFIELD, MA 02048 USA |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

KENNETH KANDO, ESQ. 875 CENTERVILLE RD., UNIT 2 WARWICK , RI 02886

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 9 Day of March, 2017 at 2:58:28 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MANUEL M. PINA
Signature of Authorized Person

Form No. 632
Revised 09/07

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