State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2017
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1

1 Entity ID Number **115182**	2. Exact name of the Limited Liability Company **Shannon Systems, LLC**		
3 NAICS Code 541519 **81 - Other Services (except Pu**	4. Brief description of the character of business conducted in Rhode Island **Provide electronic data interchange services**		
5 State of Formation **MA**			
6. Principal Office Address **173 Spark Street**	City **Brockton**	State **MA**	Zip **02302**
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name **Kevin H. Hoyle**	Contact Title **Manager**		
Street Address **P. O. Box 838**	City **Hope Valley**	State **RI**	Zip **02832**
8 List **ALL** managers (names and addresses) of the Limited Liability Company IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name **Kevin H. Hoyle**	Manager Name **Russell E. Heaton**		
Street Address **P. O. Box 838**	Street Address **747 Pontiac Avenue, Suite 207**		
City **Hope Valley** / State **RI** / Zip **02832**	City **Cranston**	State **RI**	Zip **02910**
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City	State	Zip
Check the box to indicate an attachment ☐			
9 Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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.			
Name of Authorized Person **Kevin H. Hoyle, Manager**		Date 7 Sept 2017	
Signature of Authorized Person			

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY 312389