



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2017 SEP 13 PM 3:34Annual 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 <b>115182</b>		2. Exact name of the Limited Liability Company <b>Shannon Systems, LLC</b>			
3. NAICS Code <b>541519</b> <b>81 - Other Services (except Public Administration)</b>		4. Brief description of the character of business conducted in Rhode Island <b>Provide electronic data interchange services</b>			
5. State of Formation <b>MA</b>					
6. Principal Office Address <b>173 Spark Street</b>		City <b>Brockton</b>		State <b>MA</b>	Zip <b>02302</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Kevin H. Hoyle</b>			Contact Title <b>Manager</b>		
Street Address <b>P. O. Box 838</b>		City <b>Hope Valley</b>		State <b>RI</b>	Zip <b>02832</b>
8. List ALL managers (names and addresses) of the Limited Liability Company IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Kevin H. Hoyle</b>			Manager Name <b>Russell E. Heaton</b>		
Street Address <b>P. O. Box 838</b>			Street Address <b>747 Pontiac Avenue, Suite 207</b>		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>Kevin H. Hoyle, Manager</b>				Date <b>7 Sept 2017</b>	
Signature of Authorized Person					

## MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2515  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

SEP 13 2017

BY CA 312389

FORM 632 - Revised 01/2017