



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2013

## 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.

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 RI DEPT OF STATE  
 BUS SVCS DIV  
 2017 SEP 13 PM 3:33

1. Entity ID Number <b>115182</b>		2. Exact name of the Limited Liability Company <b>Shannon Systems, LLC</b>			
3. NAICS Code <u>541519</u> <b>81 - Other Services (except P)</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			
Street Address <b>P. O. Box 838</b>		Street Address			
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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					
<i>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.</i>					
Name of Authorized Person <b>Kevin H. Hoyle, Manager</b>				Date <b>16 May 2017</b>	
Signature of Authorized Person 				SIGN 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

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BY AK 312389