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

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Annual Report for the year: 2006
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 Pı**	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	City	State	Zip
173 Spark Street	**Brockton**	**MA**	**02302**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Kevin H. Hoyle	**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		
Street Address **P. O. Box 838**			Street Address		
City **Hope Valley**	State **RI**	Zip **02832**	City	State	Zip
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 16 May 2017
Signature of Authorized Person SIGN DOCUMENT HERE	

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BY 312389

MAIL TO:
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