RI SOS Filing Number: 201749666470 Date: 9/13/2017 3:47:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division Annual Report for the year: 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.					R.I. DEPT. OF STATE BUS SYCS DIV
1. Entity ID Number	Exact name of the Limited Liability Company				
115182	Shannon Systems, LLC				
3. NAICS Code 541519 81 - Other Services (except Pi 5. State of Formation MA	4. Brief description of the character of business conducted in Rhode Island Provide electronic data interchange services				
6. Principal Office Address	ress		City	State	Zip
173 Spark Street			Brockton	MA	02302
7. Mailing Address of Limited Lia	bility Company	and Name or Title	e 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 ar	d addresses)	of the Limited Liab	ility Company, IF APPLICAB	LE - DO NOT LIST I	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	Crty	State	Zip
		<u> </u>		Check the box to i	ndicate 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 Name of Authorized Person Date (6 May 20/7) Signature of Authorized Person					
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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