STAMP

Annual Report for the year: 2018
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 798959		2. Exact name of the Limited Liability Company 3480 Post Road, LLC				
3. NAICS Code	4. Brief d	4. Brief description of the character of business conducted in Rhode Island				
531120		ate Holding Co				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
19 Humphreys Road			Barrington	RI	02806	
7. Mailing Address of Limit	ed Liability Comp	any and Name	or Title of Contact Person	·		
Contact Name Reed K. Caster			Contact Title Member			
Street Address 19 Humphreys Road			City Barrington	State RI	^{Zip} 02806	
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
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	
	Island. This inform	nation is currently	of record with the Department of Sta	te Changes seguine Ali	indicate an attachment	
Under penalty of perjury, i statements, and that all st	i deciare and aff	irm that I have	examined this report include	g any accompanyir	ng Form 642. Ing schedules and	
Name of Authorized Person			and and correct	Date	7	
Reed K. Caster, Member				\$/14	/2018	
Signature of Authorized Pers	son /	A Albara	N 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 FILED

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FORM 632 - Revised: 10/2017