



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

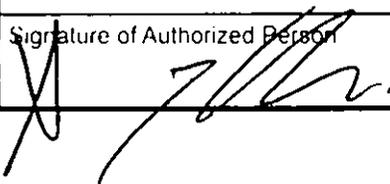
FILED

Annual Report for the year: 2019
Limited Liability Company

OCT 21 2019

BY 5734 DS

- 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 1684725		2 Exact name of the Limited Liability Company 7400 POST ROAD NK, LLC			
3 NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island TO HOLD, MANAGE, CONTROL, LEASE, PURCHASE AND SELL IMPROVED AND UNIMPROVED PARCELS OF REAL ESTATE.			
5 State of Formation RHODE ISLAND					
6. Principal Office Address 1004 BOSTON NECK ROAD, SUITE 6		City NARRAGANSETT	State RI	Zip 02882	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name THOMAS SANTILLI			Contact Title MEMBER		
Street Address 1004 BOSTON NECK ROAD, SUITE 6		City NARRAGANSETT	State RI	Zip 02882	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - 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
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 THOMAS SANTILLI, MEMBER				Date 10-8-19	
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov