



State of Rhode Island
Department of State - Business Services Division

FILED

AUG 12 2021

BY 1288 OS

Annual Report for the year: 2021
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 542075		2. Exact name of the Limited Liability Company 6840 POST ROAD LLC					
3. NAICS Code 531311		4. Brief description of the character of business conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF REAL ESTATE					
5. State of Formation RHODE ISLAND							
6. Principal Office Address 312 MURPHY ROAD				City HARTFORD		State CT	Zip 06114
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name JOSEPH SULLO				Contact Title MEMBER			
Street Address PO BOX 290589				City WETHERSFIELD		State CT	Zip 06129-0589
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. The Resident Agent information currently of record with the RI Department of State is accurate. 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 JOSEPH SULLO						Date 8/9/2021	
Signature of Authorized Person 							

MAIL TO:
 Division of Business Services
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