



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**

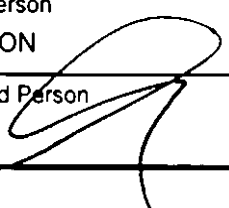
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV
FILED
2021 SEP 15 PM 2:48
SEP 16 2021
002904

1. Entity ID Number 000796905		2. Exact name of the Limited Liability Company POST LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island RENTAL OF PROPERTY			
5. State of Formation R.I.					
6. Principal Office Address 2363 POST RD		City WARWICK		State R.I.	Zip 02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name RICHARD JOHNSTON			Contact Title OWNER		
Street Address 2363 POST RD		City WARWICK		State RI	Zip 02886
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 ☐					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 RICHARD JOHNSTON				Date 9/13/21	
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