



State of Rhode Island and Providence Plantations
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

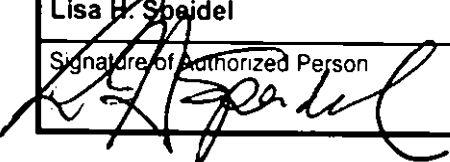
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

STAMP

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BY

2025
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1. Entity ID Number 000144379		2. Exact name of the Limited Liability Company Conlon Container, LLC			
3. NAICS Code 813910		4. Brief description of the character of business conducted in Rhode Island Storage facility business			
5. State of Formation RI					
6. Principal Office Address 17 Chase Avenue		City Warren		State RI	Zip 02885
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Lisa H. Speidel		Contact Title Manager			
Street Address 17 Chase Avenue		City Warren		State RI	Zip 02885
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Lisa H. Speidel		Manager Name			
Street Address 17 Chase Avenue		Street Address			
City Warren	State RI	Zip 02885	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. 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 Lisa H. Speidel				Date 10/20/21	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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