



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company**

**Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR: 2021**

**1. ID No. 000126746**

**2. Exact Name of the Limited Liability Company PRESTON LAND GP, L.L.C.**

**3. State of Formation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531130

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

AS GENERAL PARTNER OF PRESTON POST, LTD. OWNER OF THE US POST  
OFFICE REA ESTATE IN LITTLE COMPTON RI 02837

**5. Principal Office Address**

No. and Street: 1117 REDBUD TRAIL

City or Town: AUSTIN

State: TX Zip: 78746 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: JAMES LEMOS Contact Title:

No. and Street: 1117 REDBUD TRAIL

City or Town: AUSTIN

State: TX Zip: 78746 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
First, Middle, Last, Suffix		Address, City or Town, State, Zip Code, Country
MANAGER	JAMES R LEMOS	1117 REDBUD TRAIL WESTLAKE HILLS, TX 78746 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JANE I. LEMOS 6 SOUTH OF COMMONS ROAD #103 LITTLE COMPTON , RI 02837

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 28 Day of December, 2021 at 2:50:00 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JAMES R. LEMOS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2021 State of Rhode Island  
All Rights Reserved