

Annual Report for the year: 2023 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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PYIG	0

1. Entity ID Number 001657589	2. Exact name of the Limited Liability Company 3957 OLD POST ROAD, LLC				
3. NAICS Code 531190	4. Brief description of the character of business conducted in Rhode Island PURCHASE LEASE AND OTHERWISE OPERATE COMMERCIAL REAL ESTATE				
5. State of Formation RI					
6. Principal Office Address		City	State	Zip	
400 SOUTH COUNTY TRAIL STE A207		EXETER	RI	02822	
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person			
Contact Name JOSEPH CAT	Contact Title AUT		THORIZED PERSON		
Street Address 400 SOUTH COUNTY TRAIL STE A207		City EXETER	State RI	Zip 02822	
8. The Resident Agent infor	mation currently of record with the	RI Department of State is acc	curate. Changes requi	re filing Form 642.	
	I declare and affirm that I have e tatements contained herein are		ing any accompanyir	ng schedules and	
Name of Authorized Person		<u> </u>	Date		
JOSEPH CATELLI			2/6/2023		
Signature of Authorized Pe					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov