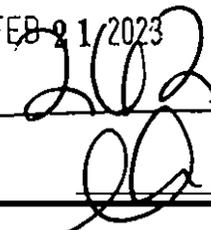




State of Rhode Island
Department of State - Business Services Division

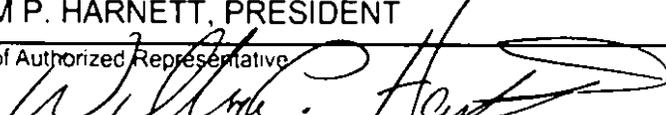
FILED

FEB 21 2023

BY 

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 968894		2. Exact name of the Corporation POST ALL, INC.			
3. Principal Office Address 1151 AQUIDNECK AVENUE			City MIDDLETOWN	State RI	Zip 02842
4. NAICS Code 561910		6. Brief description of the character of business conducted in Rhode Island PACKING, SHIPPING, MAILING AND BUSINESS SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILLIAM P. HARNETT			Vice-President Name WILLIAM P. HARNETT		
Street Address 126 HARVEST DRIVE			Street Address 126 HARVEST DRIVE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name WILLIAM P. HARNETT			Treasurer Name WILLIAM P. HARNETT		
Street Address 126 HARVEST DRIVE			Street Address 126 HARVEST DRIVE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS-SERIES	
		PAR VALUE			
		100	COMMON	\$0.01	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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 Representative WILLIAM P. HARNETT, PRESIDENT				Date 2-16-2023	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov