



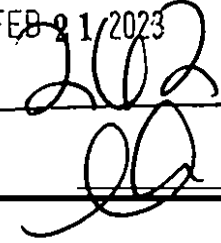
State of Rhode Island
Department of State - Business Services Division

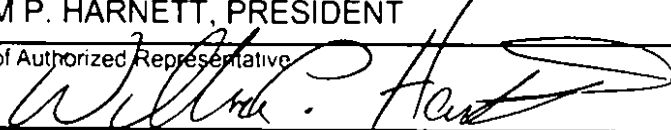
FILED

Annual Report for the year: 2023
Corporation

FEB 21 2023

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

BY 

| | | | | | |
|---|-----------------|--|---|--------------------|--------------------------|
| 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 | |
| | | 100 | | COMMON | |
| | | PAR VALUE | | S0.01 | |
| 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