



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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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BUS SVCS DIV

2023 NOV -8 P 2:16

1. Entity ID Number <b>001735966</b>		2. Exact name of the Limited Liability Company <b>1590 Post Road LLC</b>			
3. NAICS Code <b>531120</b>		4. Brief description of the character of business conducted in Rhode Island <b>RealEstate</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>1599 Blue Hill Ave</b>		City <b>Boston</b>		State <b>MA</b>	Zip <b>02126</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Shadi Alallam</b>			Contact Title <b>President</b>		
Street Address <b>14 Green St</b>		City <b>Weymouth</b>		State <b>MA</b>	Zip <b>02191</b>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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 Person <b>Shadi Alallam</b>				Date <b>11/8/2023</b>	
Signature of Authorized Person 					

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BY TAE34  
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MAIL TO:  
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