



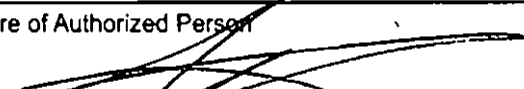
State of Rhode Island
Department of State - Business Services Division

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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1. Entity ID Number 001735966		2. Exact name of the Limited Liability Company 1590 Post Road LLC		
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island RealEstate		
5. State of Formation RI				
6. Principal Office Address 1599 Blue Hill Ave		City Boston	State MA	Zip 02126
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Shadi Alallam		Contact Title President		
Street Address 14 Green St		City Weymouth	State MA	Zip 02191
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 Shadi Alallam			Date 11/8/2023	
Signature of Authorized Person 				

FILED

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BY TAE34
AK

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov