|  | State of Rhode I<br>Office of the Secreta |  | Fee: \$50.00     |
|--|---|--|------------------|
|  | Division Of Business                      |  |                  |
|  | 148 W. River St                           |  |                  |
| 1636   | Providence RI 0290<br>(401) 222-304       |  |                  |
|  |   |  |                  |
| Limited Liability Company<br>Annual Report<br>Filing Period: February 1 - May 1  |   |  |                  |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or  |   |  |                  |
| refusing to file its annual report within thirty (30) days after the time prescribed by<br>law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.                                 |   |  |                  |
|  |   |  |                  |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024   |   |  |                  |
| 1. ID No. <u>001684725</u>   |   |  |                  |
| 2. Exact Name of the Limited Liability Company $\underline{7400 \text{ POST ROAD NK, LLC}}$  |   |  |                  |
| 3. State of Formation  |   |  |                  |
| State: <u>RI</u>   |   |  |                  |
| NAICS CODE   |   |  |                  |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. |   |  |                  |
| <u>531110</u>  |   |  |                  |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode<br>Island   |   |  |                  |
| TO HOLD MANAGE CONTROL LEASE PURCHASE LEASE PURCHASE AND SELL<br>IMPROVED AND<br>UNIMPROVED PARCELS OF REAL ESTATE   |   |  |                  |
| 5. Principal Office Address  |   |  |                  |
| No. and Street: 10   | 004 BOSTON NECK ROAD, SUITE 6             |  |                  |
|  | ARRAGANSETT                               | State: <u>RI</u> Zip: <u>02882</u> Cou | ntry: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   |   |  |                  |
|  | ETER SANTILLI Contact Title: MEMBE        |  |                  |
|  | 04 BOSTON NECK ROAD, SUITE                |  |                  |
| City or Town: NA   | ARRAGANSETT                               | State: <u>RI</u> Zip: <u>02882</u> Cou | untry: USA 🛽     |

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PETER SANTILLI 1004 BOSTON NECK ROAD SUITE 6 NARRAGANSETT , RI 02882

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 31 Day of January, 2024 at 9:44:08 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>PETER SANTILLI</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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