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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	2. Exact name of the Limited Liability Company					
001749403	154 Post Rd LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
336611	Commercial fishing and all other lawful business					
5. State of Formation RI		i				
6. Principal Office Address		City	State	Zip		
149 Edgewood Farm Ro	ad	Wakefield	RI	02879		
7. Mailing Address of Limited Lia	bility Company and Name	or Title of Contact Person		•		
Contact Name Glenn R. Good	dwin	Contact Title Member				
Street Address 149 Edgewood Farm Road		^{City} Wakefield	State RI	^{Zip} 02879		
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		-	Date			
Glenn R. Goodwin		2/6/2024				
Signature of Authorized Person	Hordis	1	7			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov