



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2024

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

FILED

FEB 29 2024

BY

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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	City Portsmouth	State RI
Zip 02871		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	City Portsmouth	State RI
Zip 02871		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	City	State
Zip		Zip	
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		100	Common
			\$ 0.01
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			Date 2-27-2024
Signature of Authorized Representative 			

MAIL TO:
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