



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

- 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 *[Signature]*

1. Entity ID Number <b>968894</b>	2. Exact name of the Corporation <b>POST ALL, INC.</b>
--------------------------------------	---

3. Principal Office Address <b>1151 Aquidneck Avenue</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
---	---------------------------	--------------------	---------------------

4. NAICS Code <b>561910</b>	6. Brief description of the character of business conducted in Rhode Island <b>Packing, shipping, mailing and business services</b>
5. State of Incorporation <b>Rhode Island</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>William P. Harnett</b>			Vice-President Name <b>William P. Harnett</b>		
Street Address <b>126 Harvest Drive</b>			Street Address <b>126 Harvest Drive</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
Secretary Name <b>William P. Harnett</b>			Treasurer Name <b>William P. Harnett</b>		
Street Address <b>126 Harvest Drive</b>			Street Address <b>126 Harvest Drive</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	<b>100</b>	<b>Common</b>	<b>\$ 0.01</b>

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 <b>William P. Harnett</b>	Date <b>2-27-2024</b>
--	--------------------------

Signature of Authorized Representative <i>[Signature]</i>
--