

Annual Report for the year: $\frac{2024}{}$ **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.

1. Entity ID Number 117429	Exact name of the Limited Liability Company Post Office Associates, LLC			
3. NAICS Code 531390	Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Formation Rhode Island				
6. Principal Office Address One Wellington Road		City Lincoln	State RI	Z ₁ p 02865
7. Mailing Address of Limited	Liability Company and Name or Title	e of Contact Person		•
Contact Name Kevin M. Daley		Contact Title Attorney		
Street Address 1383 Warwick Avenue		City Warwick	State RI	^{Zip} 02888
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
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 Leonard Gemma			Date, 2/17/24	
Signature of Authorized Person	on			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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