State of Rhode Island	Fee: \$50.00
Office of the Secretary of State	Fee. \$50.00
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615	
1636 (401) 222-3040	
Limited Liability Company	ĺ
Annual Report Filing Period: February 1 - May 1	
rinng renou. rebitaly i - May i	
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	
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>001702348</u>	
2. Exact Name of the Limited Liability Company Post Office Partners 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 Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	entity.
531120	
4. Brief Description of the Character of the Business Which is Actually Conducted in F Island	Rhode
OWN AND MANAGE NONRESIDENTIAL BUILDING	
5. Principal Office Address	
No. and Street: 1563 21ST CT N	
City or Town: <u>ARLINGTON</u> State: <u>VA</u> Zip: <u>22209</u> Country:	USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: HAI CHIEN WANG Contact Name: HAI CHIEN WANG No. and Street: PO BOX 17023	
Contact Name: HAI CHIEN WANG Contact Title:	
Contact Name: HAI CHIEN WANG Contact Title: No. and Street: PO BOX 17023 City or Town: ARLINGTON State: VA Zip: 22216 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	
Contact Name: <u>HAI CHIEN WANG</u> Contact Title: No. and Street: <u>PO BOX 17023</u> City or Town: <u>ARLINGTON</u> State: <u>VA</u> Zip: <u>22216</u> Country	: <u>USA</u>

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

Signed this 6 Day of June, 2024 at 12:32:34 PM 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>HAI CHIEN WNAG</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved