	te of Rhode Island	Fee: \$50.00
	f the Secretary of State on Of Business Services	
	48 W. River Street	
Prov	idence RI 02904-2615	
1030	(401) 222-3040	
Limited Liability Company Annual Report		
Filing Period: February 1 - May 1		
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>001747510</u>		
2. Exact Name of the Limited Liability Company Sydney Postle, 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 entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>541690</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
MEDICAL PRODUCT CONSULTING		
5. Principal Office Address		
No. and Street: <u>350 COLUMBUS AV</u>	E	
City or Town: <u>PAWTUCKET</u>	State: <u>RI</u> Zip: <u>02861</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: <u>SYDNEY POSTLE</u> Contact No. and Street: <u>350 COLUMBUS AV</u>		
No. and Street:350 COLUMBUS AVICity or Town:PAWTUCKET	⊑ State: <u>RI</u> Zip: <u>02861</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
SYDNEY POSTLE 350 COLUMBUS AVE PAWTUCKET , RI 02861		

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

Signed this 13 Day of July, 2024 at 11:24:28 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>SYDNEY POSTLE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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