

State of Rhode Island Department of State - Business Services Division

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Annual Report for the year: 2025
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.

Entity ID Number	2. Exact name of the Limited Liability Company			
000796905	POST LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island RENTAL PROPERTIES, CONSTRUCTION			
5. State of Formation				
R.I.				
6. Principal Office Address		City	State	Zip
2363 POST RD		WARWICK	R.I.	02886
7. Mailing Address of Limited Lia	bility Company and Name	or Title of Contact Person		-1
Contact Name RICHARD L. JOHNSTON		Contact Title OWNER		
Street Address 2363 POST RD		City WARWICK	State R.I.	^{Zip} 02886
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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	JOHN STON		Date)	1 95
Signature of Authorized Person	n		•	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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