



State of Rhode Island
Department of State - Business Services Division

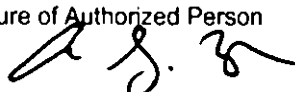
Stamp

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.

1. Entity ID Number 001717228		2. Exact name of the Limited Liability Company 5151 Old Post Road, LLC		
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island real estate management		
5. State of Formation RI				
6. Principal Office Address 228 Blackberry Hill Drive		City Wakefield	State RI	Zip 02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Alexander S. Bowen		Contact Title Manager		
Street Address 228 Blackberry Hill Drive		City Wakefield	State RI	Zip 02879
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
<i>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.</i>				
Name of Authorized Person Alexander Bowen			Date 2/25/25	
Signature of Authorized Person 				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 05 2025

BY **MCDP**
es

FORM 632 - Revised: 04/2023