

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

. Entity ID No. 111957	2. Exact name of the Corporation  Black Point Financial, Inc.				
3. Principal office address	<u> </u>		City Middletown	State RI	Zip 02842
2 Corporate Place  4. Business Phone No. 683-7392			5. State of Incorporation Rhode Island		
b. Brief description of the characteristics and Financial services and		conducted in Rhode Island			
Z LIST ALL DEFICERS (NAME	ES AND ADDR	ESSES) ("X" BOX FOR AT	TACHMENT)		
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR AT President Name Jonathan H. Harris			Jonathan H. Harris		
Street Address 2 Corporate Place			Street Address 2 Corporate Place		
City <b>Middletow</b> n	State RI	Zip 02842	City Middletown	State RI	7ip 02842
Secretary Name Jonathan H. Harris			Treasurer Name Jonathan H. Harris		
Street Address 2 Corporate Place			Street Address 2 Corporate Place		
City Middletown	State RI	Zip 02842	City Middletown	State RI	72p 02842 S 2000
8. LIST <u>ALL</u> DIRECTORS (NA	MES AND ADI	RESSES) ("X" BOX FOR	ATTACHMENT)  Director Name		
Director Name N/A			Director Name		
Street Address			Street Address 9		
City	State	Zip	City	State	ZIP AT ONE S
Director Name			Director Name 8 DTAT		
Street Address			Street Address		
City	State	Zip	City .	State	Zìp
9, SHARES AUTHORIZED			10. SHARES ISSUE	("X" BOX FOR ATTAC	
	<u> </u>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			200	Common	No par
This report must be executed	on baball of the	corporation by an authorize	ed representative. If the	corporation is in the hand	ds of a receiver or trustee,
File Date	this report mi	rust be executed on behalf o	Under penalty of p	periury. I declare and aff	irm that I have examined schedules and statements
By:		MAR 1 9 2014	Signature of Autho	rized Representative	Date
FOR SECRETARY OF STAT	E USE ONLY	U 220305		e of Authorized Represen	tative

Form No. 630 Revised: 01/2012