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.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
111957	Black Point Financial, Inc.

3. Principal office address	City	State	Zip
2 Corporate Place	Middletown	RI	02842

4. Business Phone No.	5. State of Incorporation
683-7392	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Financial services and advice

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Jonathan H. Harris			Vice-President Name: Jonathan H. Harris		
Street Address: 2 Corporate Place			Street Address: 2 Corporate Place		
City: Middletown	State: RI	Zip: 02842	City: Middletown	State: RI	Zip: 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	Zip: 02842

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	No par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Signature of Authorized Representative — Date: 3/14/14

Jonathan H. Harris
Print or Type Name of Authorized Representative

File Date _____
Check No 0953
By: _____

FILED
MAR 19 2014

FOR SECRETARY OF STATE USE ONLY
BY CR 220305

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CORPORATIONS DIV
2014 MAR 19 AM 8:54

Form No. 630
Revised: 01/2012