



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 2015

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. 000020490		2. Exact name of the Corporation Point View Enterprises, Inc.			
3. Principal office address 260 Aqueduct Rd.		City Cranston	State RI	Zip 02910	
4. Business Phone No. 401-461-4644		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Real estate/Investment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Joseph M. Moskal		Vice-President Name			
Street Address 260 Aqueduct Rd.		Street Address			
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Joseph M. Moskal		Treasurer Name Joseph M. Moskal			
Street Address 260 Aqueduct Rd.		Street Address 260 Aqueduct Rd.			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name		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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY
BY **CU 254139**

FILED

AUG 05 2015

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.

Joseph M. Moskal 7/31/14
Signature of Authorized Representative Date

Joseph M. Moskal

Print or Type Name of Authorized Representative