



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Nellie M. Gorbea, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000967730		2. Exact name of the limited liability company Vantage Point Realty Group, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase, hold, develop, improve, rent, and sell real estate			
5. Principal office address 36 Browns Farm Drive		City Kingston		State RI	Zip 02881
Contact Name Daniel J. Driscoll		Contact Title Manager			
Street Address 36 Browns Farm Drive		City Kingston		State RI	Zip 02881
Manager Name Daniel J. Driscoll		Manager Name			
Street Address 36 Browns Farm Drive		Street Address			
City Kingston	State RI	Zip 02881	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 and Brusini Ltd.

FILED

NOV 17 2015

BY CA 261282 This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

NOV 17 AM 10:18
SECRETARY OF STATE
CORPORATIONS DIV.

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.

Daniel J. Driscoll 10/1/15
Signature of Authorized Person Date

Daniel J. Driscoll, Manager

Print or Type Name of Authorized Person

File Date	_____
Check No.	_____
By	_____
FOR SECRETARY OF STATE USE ONLY	