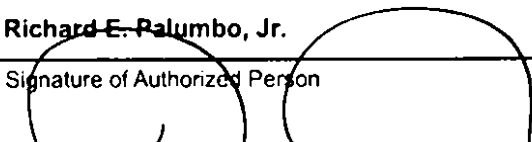





State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |                 |   |                         |                        |                     |
|---|-----------------|---|-------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><b>88197</b>   |                 | 2. Exact name of the Limited Liability Company<br><b>Point Street Holdings, LLC</b>   |                         |                        |                     |
| 3. NAICS Code<br><b>531390</b>  |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>Purchase, sell, mortgage, develop and otherwise deal with Real Estate</b> |                         |                        |                     |
| 5. State of Formation<br><b>RI</b>  |                 |   |                         |                        |                     |
| 6. Principal Office Address<br><b>535 Atwood Ave, Suite 4</b>   |                 |   | City<br><b>Cranston</b> | State<br><b>RI</b>     | Zip<br><b>02920</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                 |   |                         |                        |                     |
| Contact Name <b>Richard E. Palumbo, Jr.</b>   |                 |   | Contact Title           |                        |                     |
| Street Address <b>535 Atwood Ave, Suite 4</b>   |                 |   | City <b>Cranston</b>    | State <b>RI</b>        | Zip <b>02920</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |                 |   |                         |                        |                     |
| Manager Name <b>Richard E. Palumbo, Jr.</b>   |                 |   | Manager Name            |                        |                     |
| Street Address <b>535 Atwood Ave, Suite 4</b>   |                 |   | Street Address          |                        |                     |
| City <b>Cranston</b>  | State <b>RI</b> | Zip <b>02920</b>  | City                    | State                  | Zip                 |
| Manager Name  |                 |   | Manager Name            |                        |                     |
| Street Address  |                 |   | Street Address          |                        |                     |
| City  | State           | Zip   | City                    | State                  | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |                 |   |                         |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |                 |   |                         |                        |                     |
| <b>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.</b> |                 |   |                         |                        |                     |
| Name of Authorized Person<br><b>Richard E. Palumbo, Jr.</b>   |                 |   |                         | Date<br><b>9/13/17</b> |                     |
| Signature of Authorized Person<br>   |                 |   |                         | SIGN DOCUMENT HERE     |                     |

**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**  
 SEP 18 2017  
 BY 4893   
 FORM 632 - Revised: 08/2017