



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

Annual Report for the year: **2018**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2018 MAR -2 PM 1:31

1. Entity ID Number 111957		2. Exact name of the Corporation Black Point Financial, Inc.			
3. Principal Office Address 2 Corporate Place			City Middletown	State RI	Zip 02842
4. NAICS Code 523930		6. Brief description of the character of business conducted in Rhode Island Financial services and advice.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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			10. Shares issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			200	Common	No Par
11. 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. <i>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.</i>					
Name of Authorized Representative Jonathan H. Harris					Date 2/27/18
Signature of Authorized Representative 					SIGN DOCUMENT FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 02 2018

BY 1397 *KM*