



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

FILED

NOV 13 2018

BY

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[Signature]

Annual Report for the year: **2018**
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 1092447		2. Exact name of the Limited Liability Company FOURPOINT CAPITAL GROUP, LLC			
3 NAICS Code 522220		4. Brief description of the character of business conducted in Rhode Island invests in, purchases and makes loans to small businesses and any and a			
5. State of Formation Rhode Island					
6 Principal Office Address P.O. Box 41568		City Providence		State RI	Zip 02940
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Robert J. Grace			Contact Title Member		
Street Address P.O. Box 41568			City Providence		State RI Zip 02940
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State RI		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					
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.					
Name of Authorized Person Robert J. Grace, Managing/Member				Date 11/7/18	
Signature of Authorized Person <i>Robert J. Grace, MANAGING MEMBER</i>					

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