



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 396645		2. Exact name of the Corporation Black Point Wealth Management, 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	City Middletown	State RI
Zip 02842		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	City Middletown	State RI
Zip 02842		Zip 02842	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Jonathan H. Harris		Director Name	
Street Address 2 Corporate Place		Street Address	
City Middletown	State RI	City	State
Zip 02842		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		CLASS/SERIALS	
		PAR VALUE	
200		Common	
		\$0.01 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. 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 Representative Jonathan H. Harris		Date 3/1/19	
Signature of Authorized Representative 		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

FILED
MAR 21 2019
BY [Signature] 3:45