RI SOS Filing Number: 201994619690 Date: 5/28/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 



2019 MAY 28 AH II: 48

## 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 <b>001678115</b>  | 2. Exact name of the Limited Liability Company  Fox Point Real Estate LLC   |          |                                 |             |                      |  |
|--|---|----------|---------------------------------|-------------|----------------------|--|
| 3. NAICS Code 53/390 5. State of Formation Rhode Island  | 4. Brief description of the character of business conducted in Rhode Island  The purchase, sale and management of real estate and any other lawful business |          |                                 |             |                      |  |
| 6 Principal Office Address One Richmond Square, Suite 125B   |   |          | City<br>Providence              | State<br>RI | Zip<br>02906         |  |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |          |                                 |             |                      |  |
| Contact Name Riley Park  |   |          | Contact Title Agent for service |             |                      |  |
| Street Address One Richmond Square, SUITE 125B   |   |          | City Providence                 | State RI    | <sup>Zip</sup> 02906 |  |
| 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   | Zip      | City                            | State       | Zip                  |  |
| Manager Name   |   | <u> </u> | Manager Name                    |             |                      |  |
| Street Address   |   |          | Street Address                  |             |                      |  |
| City   | State   | Zip      | City                            | State       | Zıp                  |  |
| Check the box to indicate an attachment  |   |          |                                 |             |                      |  |
| 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  |   |          |                                 | Date        | Date                 |  |
| Andrew M. Cagen  |   |          |                                 | May 28,     | May 28, 2019         |  |
| Signature of Authorized Person SIGN DOCUMENT HERE  |   |          |                                 |             |                      |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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