RI SOS Filing Number: 201928487160 Date: 11/27/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: 2019**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.

|    | FILED        | STAMP            |
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| 1. Entity ID Number 000910415                              |                    | 2. Exact name of the Limited Liability Company SOUTH POINT LLC                                   |   |                          |                        |  |  |
|--|--------------------|--|---|--------------------------|------------------------|--|--|
| 3. NAICS Code<br>531210                                    |                    | Brief description of the character of business conducted in Rhode Island     REAL ESTATE COMPANY |   |                          |                        |  |  |
| 5. State of Formation RHODE ISLAND                         |                    |  |   |                          |                        |  |  |
| 6. Principal Office Address 248 SUCCOTASH ROAD             |                    |  | City<br>WAKEFIELD                                 | State<br>RI              | Zip<br>02879           |  |  |
| 7. Mailing Address of Limited                              | Liability Compa    | any and Name o   |   |                          |                        |  |  |
| Contact Name CHARLOTTE CUMMISKEY                           |                    |  | Contact Title OWNER                               |                          |                        |  |  |
| Street Address 248 SUCCOTASH ROAD                          |                    |  | City WAKEFIELD                                    | State RI                 | <sup>Zip</sup> 02879   |  |  |
| 8. List ALL managers (name                                 | s and addresse     | s) of the Limited  | Liability Company, IF APPLICAB                    | BLE - DO NOT LIST        | MEMBERS                |  |  |
| Manager Name   |                    |  | Manager Name                                      | Manager Name             |                        |  |  |
| Street Address   |                    |  | Street Address                                    | Street Address           |                        |  |  |
| City   | State              | Zip  | City  | State                    | Zip                    |  |  |
| Manage: Name   |                    |  | Manager Name                                      |                          |                        |  |  |
| Street Address   |                    |  | Street Address                                    |                          |                        |  |  |
| City   | State              | Zip  | City  | State                    | Zip                    |  |  |
|  | <u> </u>           |  |   | Check the box to         | indicate an attachment |  |  |
| 9. Resident Agent in Rhode                                 | Island. This infor | nation is currently  | of record with the Department of Sta              | te. Changes require fili | ng Form 642.           |  |  |
| Under penalty of perjury, I<br>statements, and that all st |                    |  | examined this report, including true and correct. | g any accompanyii        | ng schedules end       |  |  |
| Name of Authorized Person                                  |                    |  |   | Date                     | Date                   |  |  |
| CHARLOTTE CUMMISKEY  |                    |  |   | 11/24/19                 |                        |  |  |
| Signature of Authorized Personal Chautette (2)             | son -              | SIG  | N DOCUMENT HERE                                   |                          |                        |  |  |

MAIL TO:

**Division of Business Services** 

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

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