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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

CORPORATIONS DIV STAMP

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Annual Report for the year: 2019 **Limited Liability Company**

Signature of Authorized Person

→ Filing period September → Filing Fee \$50.00 → Penalty Additional \$25.00			Jecember 1	_	-· ·
1. Entity ID Number	2 Exact name of the Limited Liability Company Fox Point LLC				
3 NAICS Code					
531110	4 Brief description of the character of business conducted in Rhode Island to operate & manage a real estate business, including the purchasing, selling, leasing, mortgaging, marketing, improving, maintaining & managing real estate				
5 State of Formation Rhode Island					
6 Principal Office Address			City	State	Zip
150 Chestnut St 3E			Providence	RI	02903
7 Mailing Address of Limited L	iability Compa	any and Name o	r Title of Contact Person		
Contact Name Dustin Dezube			Contact Title		
Street Address 150 Chestnut St 3E			City Providence	State RI	Z ^{-p} 02903
8 List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICAS	BLE - DO NOT LIST	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zφ	City	State	Zip
Manager Numo			Manager Name		
Street Address			Street Address		
Спу	State	Zip	City	State	Zip
	1	1		Check the box to	indicate an attachment
Resident Agent in Rhode Isl	and This inform	nation is currently	of record with the Department of Sta	ite. Changes require filir	ng Furni 642
	eclare and aff	irm that I have	examined this report, including		
Name of Authorized Person				Date	
Dustin Dezube				11/15/19	

MAIL TO:

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

Just

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FORM 632 - Revised: 10/2017