

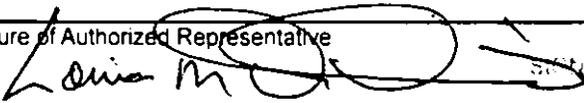


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

2020 FEB 10 PM 12:58
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2020
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 000020473		2. Exact name of the Corporation POINT S CORPORATION			
3. Principal Office Address 1 WAYLAND AVENUE, UNIT 312N			City PROVIDENCE	State RI	Zip 02906
4. NAICS Code 533120		6. Brief description of the character of business conducted in Rhode Island BUY, USE, RENT AND DEAL IN REAL ESTATE, AND ANY OTHER LEGAL BUSINESS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LOUIS M DIORIO			Vice-President Name HOWARD N OSTROWSKY		
Street Address 1 WAYLAND AVENUE, UNIT 312N			Street Address 30 HEDGEROW DRIVE		
City PROVIDENCE	State RI	Zip 02906	City WARWICK	State RI	Zip 02886
Secretary Name LOUIS M DIORIO			Treasurer Name HOWARD N OSTROWSKY		
Street Address 1 WAYLAND AVENUE, UNIT 312N			Street Address 30 HEDGEROW DRIVE		
City PROVIDENCE	State RI	Zip 02906	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LOUIS M DIORIO			Director Name HOWARD N OSTROWSKY		
Street Address 1 WAYLAND AVENUE, UNIT 312N			Street Address 30 HEDGEROW DRIVE		
City PROVIDENCE	State RI	Zip 02906	City WARWICK	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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/SERIES	PAR VALUE
			20	COMMON	NO 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 LOUIS M DIORIO					Date 2/6/2020
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

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
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FEB 10 2020
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