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State of Rhode Island

2021 NOV -3 A 9: 149

Department of State - Business Services Division

Annual Report for the year: 2021
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 | 2. Exact name of the Limited Liability Company | | | | | |
|--|--|--|---|---------------------|---------------------------------|--|
| 141957 | VisionPoint, LLC | | | | | |
| 3 NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| 443142 | Audio and Visual Communications Technology | | | | | |
| 5. State of Formation | 1 | | | | | |
| Connecticut | | | | | | |
| 6. Principal Office Address | Principal Office Address | | | State | Zip | |
| 152 Rockwell Rd B6 | | | Newington | СТ | 06111 | |
| 7. Mailing Address of Limited L | iability Compan | y and Name or Tit | tle of Contact Person | | | |
| Contact Name Zofra Lavoie | | | Contact Title Managing Member | | | |
| Street Address 152 Rockwell Rd | | | C.ty Newington | State CT | ^{Z_{iP}} 06111 | |
| 8. List ALL managers (names a | and addresses) | of the Limited Lia | | | MEMBERS | |
| Manager Name Zofia Lavoie | | | Manager Name Kevin Lavoie | | | |
| Street Address 44 Golf Street | | | Street Address 44 Golf Street | | | |
| ^{City} Newington | State CT | ^{Zip} 06111 | City Newington | State CT | ^{Z,p} 06111 | |
| Manager Namo | | | Manager Namo | | | |
| Stree: Address | | | Street Address | | | |
| C ty | State | Zip | City | State | Zip | |
| | <u></u> . | | - · t | Check the box to in | ndicate an attachment | |
| 9. The Resident Agent informat | on currently of | record with the RI | Department of State is accu | | | |
| Under penalty of perjury, I de statements, and that all state | clare and affiri ments contain | m that I have exa ed herein are tru | mined this report, includin e and correct. | g any accompanying | schedules and | |
| Name of Authorized Person | | | | Date | Date | |
| Zofia Lavoje | | | | 11-2-21 | 11-2-21 | |
| Signature of Authorized Person | · | | | | | |

MAIL TO:

Division of Business Services

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

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FORM 632 - Revised: 08/2020

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