



State of Rhode Island and Providence Plantations
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.

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1. Entity ID Number 1092447		2. Exact name of the Limited Liability Company FOURPOINT CAPITAL GROUP, LLC	
3. NAICS Code 522220		4. Brief description of the character of business conducted in Rhode Island Invests in, purchases and makes loans to small businesses and any and all lawful business thereto	
5. State of Formation Rhode Island			
6. Principal Office Address P.O. Box 41568		City Providence	State RI
		Zip 02940	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Robert J. Grace		Contact Title Member	
Street Address P.O. Box 41568		City Providence	State RI
		Zip 02940	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name [Signature]		Manager Name [Signature]	
Street Address [Signature]		Street Address [Signature]	
City [Signature]	State [Signature]	City [Signature]	State [Signature]
Zip 33486			
Manager Name [Signature]		Manager Name [Signature]	
Street Address [Signature]		Street Address [Signature]	
City [Signature]	State [Signature]	City [Signature]	State [Signature]
Zip [Signature]			
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 Robert J. Grace, Managing/Member		Date 10/31/2021	
Signature of Authorized Person [Signature]			

MAIL TO:
Division of Business Services
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