



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
RI DEPT. OF STATE  
BUS SERVICES DIV.

2023 JAN -4 P 12:20

1. Entity ID Number <b>001687766</b>		2. Exact name of the Corporation <b>BLUEPOINT, INC.</b>	
3. Principal Office Address <b>376 Dry Bridge Rd, STE F2</b>		City <b>North Kingstown</b>	State <b>RI</b>
4. NAICS Code <b>236118</b>		Zip <b>02852</b>	
5. State of Incorporation <b>RI</b>		6. Brief description of the character of business conducted in Rhode Island <b>Business sheds and any other authorized purpose pursuant to the Act.</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Daniel F. Ryno</b>		Vice-President Name	
Street Address <b>298 Wickham Rd.</b>		Street Address	
City <b>North Kingstown</b>	State <b>RI</b>	City	State
Zip <b>02852</b>		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		<b>100</b>	<b>CNP</b>
			PAR VALUE
			<b>0.00</b>
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. <b>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.</b>			
Name of Authorized Representative <b>Daniel F. Ryno</b>		Date <b>01.04.23</b>	
Signature of Authorized Representative 			

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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BY ML SFHNK  
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FORM 630 - Revised: 11/2021