

Annual Report for the year: $\frac{2023}{}$ **Limited Liability Company**

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

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



| CHRISTOPHER D. R Signature of Authorized Pers | | | 02/25/202 | |
|---|---|--|--------------------|----------------------|
| | declare and affirm that I have e tements contained herein are | examined this report, including a true and correct. | Date | g schedules and |
| 8. The Resident Agent inform | ation currently of record with the | RI Department of State is accura- | te. Changes requir | e filing Form 642. |
| Street Address 81 POINT AVENUE | | City WAKEFIELD | State RI | ^{Zıp} 02879 |
| Contact Name CHRISTOPHER D. ROEBUCK | | Contact Title OPERATING MANAGER | | |
| | Liability Company and Name or | Title of Contact Person | - | |
| 81 POINT AVENUE | | WAKEFIELD | RI | 02879 |
| 6. Principal Office Address | | City | State | Zip |
| 5. State of Formation RHODE ISLAND | | | | |
| 531120 | COMMERCIAL RENTAL PROPERTY | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | |
| 1. Entity ID Number 000151505 | 2. Exact name of the Limited Liability Company POINT PROPERTY MANAGEMENT, LLC | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov