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## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024 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.

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| 1 Entity ID Number  | Exact name of the Limited Liability Company                               |                                    |       |       |  |
|---|---|------------------------------------|-------|-------|--|
| 001711265   | On the Point LLC  |                                    |       |       |  |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island  |                                    |       |       |  |
| 238210  | Freelance contractor. Install and manage temporary power systems for live |                                    |       |       |  |
| 5. State of Formation   | events.   |                                    |       |       |  |
| Rhode Island  |   |                                    |       |       |  |
| 6. Principal Office Address   | City  |                                    | State | Zip   |  |
| 7 Jean Street   | Middletown  |                                    | RI    | 02842 |  |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |                                    |       |       |  |
| Contact Name James C. Gree  | ene Jr  | Contact Title Owner                |       |       |  |
| Street Address 7 Jean Street  |   | City Middletown State RI Zip 02842 |       |       |  |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |   |                                    |       |       |  |
| 9. 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   |   | Date                               | Date  |       |  |
| James C. Greene Jr  |   | 1/1/2024                           |       |       |  |
| Signature of Authorized Person  |   |                                    |       |       |  |

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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