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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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| BY HUGH     |   |
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| 1. Entity ID Number 000151505                    | 2 Exact name of the Limited Liability Company POINT PROPERTY MANAGEMENT, LLC                            |                                  |                   |                                 |
|--|---|----------------------------------|-------------------|---------------------------------|
| 3 NAICS Code<br>531120                           | Brief description of the character of business conducted in Rhode Island     COMMERCIAL RENTAL PROPERTY |                                  |                   |                                 |
| 5 State of Formation<br>RHODE ISLAND             |   |                                  |                   |                                 |
| 6 Principal Office Address<br>81 POINT AVENUE    |   | City<br>WAKEFIELD                | State<br>R1       | Zip<br>02879                    |
| 7. Mailing Address of Limite                     | d Liability Company and Name or   | Title of Contact Person          |                   |                                 |
| Contact Name CHRISTOPHER D. ROEBUCK              |   | Contact Title OPERATING MANAGER  |                   |                                 |
| Street Address 81 POINT AVENUE                   |   | City WAKEFIELD                   | State RI          | <sup>Z<sub>1</sub>p</sup> 02879 |
| 8. The Resident Agent infor                      | mation currently of record with the   | RI Department of State is accura | te Changes requir | e filing Form 642.              |
| Under penalty of perjury,                        | l declare and affirm that I have e<br>latements contained herein are i                                  | xamined this report, including   | any accompanyin   | g schedules and                 |
| Name of Authorized Person CHRISTOPHER D. ROEBUCK |   | Date 02/25/2024                  |                   |                                 |
| Signature of Authorized Per                      | son GN  | U                                |                   |                                 |

MAIL TO:

\*150

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

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