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

Annual Report for the year: **2024**

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000787994		2. Exact name of the Corporation Plum Point, Inc.			
3. Principal Office Address 116 Orange Street			City Providence	State RI	Zip 02903
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island operate a restaurant			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elisa Conte			Vice-President Name Zoe Conte		
Street Address PO Box 706			Street Address PO Box 706		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Elisa Conte			Treasurer Name Ralph Conte		
Street Address PO Box 706			Street Address PO Box 706		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Elisa Conte			Director Name Ralph Conte		
Street Address PO Box 706			Street Address PO Box 706		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000		CNP	No Par
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. 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 Representative Ralph Conte					Date 4/11/24
Signature of Authorized Representative 					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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