



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

2024

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

REC'D RIDG'S BSD
24 MAY 8 PM 2:20:21
STAMP
FOR
STATE
USE ONLY

1. Entity ID Number 001728236		2. Exact name of the Limited Liability Company Healing Point LLC	
3. NAICS Code 454390		4. Brief description of the character of business conducted in Rhode Island SALES OF HEALING ART AND OTHER RELATED PRODUCTS	
5. State of Formation RI			
6. Principal Office Address 12 LAWRENCE ROAD		City NORTH PROV.	State RI
		Zip 02911	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name MICHAEL ROBERTS		Contact Title OWNER	
Street Address 12 LAWRENCE RD		City NORTH PROV	State RI
		Zip 02911	
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 MICHAEL ROBERTS		Date 5/8/2024	
Signature of Authorized Person <i>Michael Roberts</i>			

FILED 222

MAY 08 2024
BY 2YENB
FJ

MAIL TO:

Division of Business Services
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