



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JUL 30 PM 3:03:46

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.

| | | | | |
|---|--|--|--------------------------|---------------------|
| 1. Entity ID Number <u>000983062</u> | | 2. Exact name of the Limited Liability Company <u>BLACK POINT REALTY</u> | | |
| 3. NAICS Code <u>53120</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE MANAGEMENT COMPANY</u> | | |
| 5. State of Formation <u>RI</u> | | | | |
| 6. Principal Office Address <u>2 FOX TAIL DR</u> | | City <u>JOHNSON</u> | State <u>RI</u> | Zip <u>02919</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name <u>ANTHONY L FERMINI JR</u> | | Contact Title <u>MANAGER OWNER</u> | | |
| Street Address <u>2 FOX TAIL DR</u> | | City <u>JOHNSON</u> | State <u>RI</u> | Zip <u>02919</u> |
| 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 <u>[Signature]</u> | | | Date <u>2-30-2024</u> | |
| Signature of Authorized Person <u>ANTHONY L FERMINI JR</u> | | | | |

MB FILED 303
JUL 30 2024
BY CXCWB

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