



State of Rhode Island
Department of State - Business Services Division

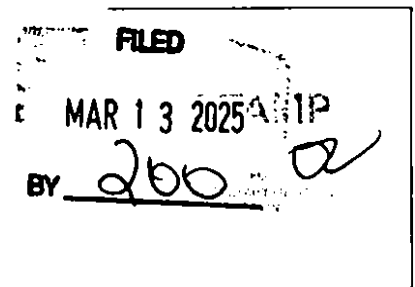
Annual Report for the year: 2025

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 001715969 | | 2. Exact name of the Limited Liability Company POINT CHESTNUT LLC | | |
| 3. NAICS Code 53 110 | | 4. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDINGS. | | |
| 5. State of Formation RI | | | | |
| 6. Principal Office Address 90 ELM STREET | | City PROVIDENCE | State RI | Zip 02903 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name ROBERT GAUMONT | | Contact Title PRESIDENT | | |
| Street Address 90 ELM STREET | | City PROVIDENCE | State RI | Zip 02903 |
| 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 ROBERT GAUMONT | | | Date 3/28/25 | |
| 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