State of Rhode Island
Department of State - Business Services Division

FILED
MAR 24 2025
BY

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
147054	SAND POINT PARTNERS, LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
531120	OWNERSHIP AND MANAGEMENT OF REAL ESTATE		
5. State of Formation			
RHODE ISLAND			
6. Principal Office Address	City	State	Zip
119 WATSON AVENUE, P.O. BOX 464	JAMESTOWN	RI	02835
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name KATHLEEN L. CAMMANS	Contact Title MEMBER		
Street Address 119 WATSON AVENUE	City JAMESTOWN	State RI	Zip 02835
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 KATHLEEN L. CAMMANS		Date 3/10/25	
Signature of Authorized Person Kathleen L Cammans			

MAIL TO:
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