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State of Rhode Island	2:KI		
Department of State - Business Services Division	Special Society of the Special		
Annual Report for the year: 2024 Limited Liability Company	6SD :15:14		
→ Filing period: February 1 - May 1			
→ Filing Fee: \$50.00			
-> Panalty: Additional \$25.00 les if form is not filed by May 31			

1. Entity ID Number 1-7-53/54	2. Exect name of the Limited Lie Saddlepoint Advisor	110			
3. NAICS Code 5239中で	Brief description of the character     Investment advisor	cter of business conducted in Rh	ode Island		
5 State of Formation , RI					
6, Principal Office Address	<del></del>	City	State	Zip	
56 Affred Stone Road		Providence	RI	02906	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Donald Forman Contact Title Sole		Contact Title Sole Member	le Member		
Street Address 56 Alfred Stone Road		City Providence	State	<sup>2</sup> 02906	
8 The Resident Agent information currently of record with the Rt Department of State is accurate. Changes require filing Form 642.					
<ol> <li>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.</li> </ol>					
Name of Authorized Person		Date			
Donald Forman			3/25/25		
Signature of Authorized Person					

FILED

MAR 2 5 2025

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhade Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.nigov