State of Rhode Island **Department of State - Business Services Division**

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.

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1. Entity ID Number 1.7.5.3.1.5.4	2. Exect name of the Limited L Saddlepoint Adviso	, , ,				
3. NAICS Code 5239中で	Brief description of the character of business conducted in Rhode Island Investment advisor					
5 State of Formation ,						
6. Principal Office Address		City	State	Žip		
56 Alfred Stone Road		Providence	RI	02906		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Donald Forma	Contact Title					
Street Address 56 Alfred Stone Road		City Providence	State	^{Z_{ip}} 02906		
8 The Resident Agent information currently of record with the Rt 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		Date	Date			
Donald Forman			3/25/25	3/25/25		
Signature of Authorized Person						

FILED

MAR 2 5 2025

MAIL TO:

Division of Business Services

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Website: www.sos.nigov