



State of Rhode Island

Department of State - Business Services Division

FILED

STAMP

APR 11 2025

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.



BY 11805

|                                                                                                                                                                                                             |  |                                                                                                           |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>000151505                                                                                                                                                                            |  | 2. Exact name of the Limited Liability Company<br>POINT PROPERTY MANAGEMENT, LLC                          |             |
| 3. NAICS Code<br>531120                                                                                                                                                                                     |  | 4. Brief description of the character of business conducted in Rhode Island<br>COMMERCIAL RENTAL PROPERTY |             |
| 5. State of Formation<br>RHODE ISLAND                                                                                                                                                                       |  |                                                                                                           |             |
| 6. Principal Office Address<br>81 POINT AVENUE                                                                                                                                                              |  | City<br>WAKEFIELD                                                                                         | State<br>RI |
|                                                                                                                                                                                                             |  | Zip<br>02879                                                                                              |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                           |             |
| Contact Name<br>CHRISTOPHER D. ROEBUCK                                                                                                                                                                      |  | Contact Title<br>OPERATING MANAGER                                                                        |             |
| Street Address<br>81 POINT AVENUE                                                                                                                                                                           |  | City<br>WAKEFIELD                                                                                         | State<br>RI |
|                                                                                                                                                                                                             |  | Zip<br>02879                                                                                              |             |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642                                                                          |  |                                                                                                           |             |
| <i>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.</i> |  |                                                                                                           |             |
| Name of Authorized Person<br>CHRISTOPHER D. ROEBUCK                                                                                                                                                         |  | Date<br>03/19/2025                                                                                        |             |
| Signature of Authorized Person<br>                                                                                                                                                                          |  |                                                                                                           |             |

## MAIL TO:

## Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov