



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD  
25 AUG 22 PM 1:33:02

1. Entity ID Number 000046034		2. Exact name of the Corporation Point of Departure Inc.	
3. Principal Office Address P.O. Box 3228		City Narragansett	State RI
		Zip 02882	
4. NAICS Code 711510	6. Brief description of the character of business conducted in Rhode Island Publishing and Business Writing		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Peter Pezzelli		Vice-President Name	
Street Address 19 South Hillview Drive		Street Address	
City Narragansett	State RI	Zip 02882	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
Changes require an additional filing.		0 (none)	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Peter Pezzelli		Date 8/19/25	
Signature of Authorized Representative		FILED	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY QHYVA

FORM 630- Revised 12/2023