RI SOS Filing Number: 200701167420 Date: 09/18/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
150414	Higginson Enterprises, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	Real Estate Holding

5. Principal office address	City	State	Zip
124 RESERVOIR AVENUE	PAWTUCKET	Rhode Island	02860

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Joseph M. Martins	

Street Address	City	State	Zip
124 RESERVOIR AVENUE	PAWTUCKET	Rhode Island	02860

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Joseph M. Martins	

Street Address	Street Address
124 RESERVOIR AVENUE	

City	State	Zip	City	State	Zip
PAWTUCKET	Rhode Island	02860			

Manager Name	Manager Name

Street Address	Street Address

City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
Joseph M. Martins	124 RESERVOIR AVENUE

Address	City	Zip
	PAWTUCKET	02860

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

150414

FILED	
File Date	
Check No.	SEP 18 2007
By:	By 1089

FOR SECRETARY OF STATE USE ONLY

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.

Joseph M. Martins 9/11/07
Signature of Authorized Person *Date*

Joseph M. Martins
Print or Type Name of Authorized Person

Form 632 Rev. 07/07

14482-7-184881