



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. 150414		2. Exact name of the limited liability company Higginson Enterprises, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Holding	
5. Principal office address 124 RESERVOIR AVENUE		City PAWTUCKET	State Rhode Island
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph M. Martins		Contact Title	
Street Address 124 RESERVOIR AVENUE		City PAWTUCKET	State Rhode Island
		Zip 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) <input type="checkbox"/>			
Manager Name Joseph M. Martins		Manager Name	
Street Address 124 RESERVOIR AVENUE		Street Address	
City PAWTUCKET	State Rhode Island	City	State
Zip 02860		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Joseph M. Martins		Address 124 RESERVOIR AVENUE	
Address		City PAWTUCKET	Zip 02860

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

150414

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

Signature of Authorized Person **Joseph M. Martins** Date **9/14/07**
Joseph M. Martins
Print or Type Name of Authorized Person