



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 2008

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 125 Higginson Avenue		City Lincoln	State Rhode Island
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph M. Martins		Contact Title	
Street Address 125 Higginson Avenue		City Lincoln	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) ☐			
Manager Name Joseph M. Martins		Manager Name	
Street Address 125 Higginson Avenue		Street Address	
City Lincoln	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 125 Higginson Avenue	
Address		City Lincoln	Zip 02860

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2008 SEP 17 AM 10:05

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

150414

File Date	FILED
Check No.	SEP 17 2008
By	1113
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

Date

Joseph M. Martins

Print or Type Name of Authorized Person