

subject to a penalty fee of \$25.00.

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is

I Corporate ID No. 117684	2. Name of Corporation Highland Farm, Inc.				
			Wakefield	RI State	02879
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of To engage in all facets of far	ming and the whole:	sale and retail selling o			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Martha J. Bradley			Vice President Name Jack A. Sumner		
Street Address 139 Orchard Avenue			Street Address 41 Small Pox Trail		
City Wakefield	State RI	^{Zip} 02879	City West Kingston	State RI	02892
Secretary Name Martha J. Bradley			Treasurer Name Jack A. Sumner		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name Martha J. Bradley Street Address			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Jack A. Sumner Street Address same as above		
same as above	same as above			State	Zip
Director Name Street Address			Director Name Street Address		
СИу	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class, Series	Par Value
			100	Common	No Par Value
This report must be executed this report must be executed the report must be executed	on behalf of the corporate of the corpor	poration by an authorize oration by the receiver of	Under penalty of including any accontained herein Signature Print or Type Nam	pegjury, I declare and affirm companying schedules and sta are true and correct.	that I have examined this reponsatements, and that all statements.
FOR SECRETARY OF STATE USE ONLY			Vice Presion	ient	Form 630 Rev. 08/08