

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 2009

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	2. Exact name of the limited liability company						
154185	Highla	Highland, LLC						
3. State of Formation 4. Brief de		4. Brief description	rief description of the character of the business which is actually conducted in Rhode Island					
Rhode Island Real Estate								
5. Principal office address				City	State	Zip		
43 Highland Street				Cranston	RI	02920		
	RESS OF LI	MITED LIAB	ILITY COMPANY AI	ND NAME OR TITLE OF CONTA	CT PERSON:	•		
Contact Name				Contact Title	Contact Title			
James DiMaio Street Address								
				City	State	Zip		
43 Highland Street				Cranston	RI	02920		
7. NAME AND AD	DRESS OF			ED LIABILITY COMPANY, IF A		LIST MEMBERS		
r		FILL IN	SPACES BEFORE US	SING ATTACHMENTS ("X" BOX	FOR ATTACHMENT)]		
Manager Name				Manager Name	Manager Name			
Street Address				Street Address	Street Address			
Сну		State	Zip	City	State	Ζίρ		
*************				***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Manager Name				Manager Name	Manager Name			
Street Address				Street Address	Street Address			
Z9244		Perit						
City		State	Zip	City	State	Zip		
8. RESIDENT AGE	I NT IN RHO	DDE ISLAND	 - DO NOT ALTER -	: Changes require filing of For	 m 642 . R I G I = 7-16-1	1		
Agent Name	 , -12- ,			Address	m 012 - M.H.O.L. /-10-1			
John S. DiBona, Esq.				145 Phenix Avenu	145 Phenix Avenue			
Address				City		Zip		
			Cranston	'	02920			
				LOIGHSTON				

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

154185

File Date	9-23-09
Check No.	8611
Ву:	mnc
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.

ignature of Authorized Person

James DiMaio, Member

Print or Type Name of Authorized Person