

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	3. State of Formation 4. Brief description of the character		on of the character of the	r 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 James DiMaio				Contact Title	Contact Title			
Street Address						· · · · · · · · · · · · · · · · · · ·		
				City	State	Zip		
43 Highland Street				Cranston	RI	02920		
7. NAME AND AD	DRESS OF			ED LIABILITY COMPANY, IF A		LIST MEMBERS		
		FILL IN	SPACES BEFORE US	SING ATTACHMENTS ("X" BOX	FOR ATTACHMENT)]		
Manager Name				Manager Name	Manager Name			
Street Address				Street Address	Street Address			
CHy		State	Zip	City	State	Ζίp		
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Manager Name				Manager Name	Manager Name			
<u></u>		****						
Street Address				Street Address	Street Address			
Z9244		Ceret						
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				Address	012 · M.H.G.L. /-10-1	•		
John S. DiBona, Esq.				145 Phenix Avenu	145 Phenix Avenue			
Address			10.00	City	Zij	<i>b</i>		
			Cranston	·	02920			
				LOIGHSTOIL				

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