

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

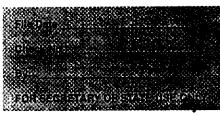
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

31 WILL RESULT IN A \$25.00 PENALTY FEE

1. Entity ID No.		ne of the Corporation	rate of the ties		
486446 HIGHLAND FENCE, INC.					
					1 8-3
3. Principal office address 681 SOUTH BEACH ST			City FALL RIVER	State MA	Zip 22 000 02722 000
4. Business Phone No. 508-678-4650			5. State of Incorporation  MASSACHUSETTS		AR PORT
6. Brief description of the character of business conducted in Rhode Island					<b>5</b> 축구
FENCE INSTALLATION	ON AND GEN	ERAL CONTRACTING	G SERVICES		3 ON S
	MYTOZO TEKOW	660 F (\$ 6 F )			
President Name THOMAS GOSSELIN			Vice-President Name RICHARD ALMEIDA		ATE NV 56
Street Address 874 ROBESON ST			Street Address 1463 READ ST		
City FALL RIVER	State MA	Zip <b>02720</b>	City SOMERSET	State MA	Zip <b>02726</b>
Secretary Name RICHARD ALMEIDA			Treasurer Name THOMAS GOSSELIN		
Street Address 1463 READ ST			Street Address 874 ROBESON ST		
City SOMERSET	State MA	Zip <b>02726</b>	City FALL RIVER	State MA	Zip <b>02720</b>
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Director Name THOMAS GOSSELIN			Director Name RICHARD ALMEIDA		
Street Address 874 ROBESON ST			Street Address 1463 READ ST		
City FALL RIVER	State MA	Zip <b>02720</b>	City State MA		Zip <b>02726</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City State		Zip
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.				COMMON	NPV
			200	COMMON	INFV
This report must be execute	ed on behalf of the	corporation by an authorize	ed representative. If the	corporation is in the hands	of a receiver or trustee,

this report must be executed on behalf of the corporation by the receiver or trustee.



MAR **0 5** 2015

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 Representative

RICHARD ALMEIDA

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012