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 2015

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
486446	HIGHLAND FENCE, INC.

3. Principal office address	City	State	Zip
681 SOUTH BEACH ST	FALL RIVER	MA	02722

4. Business Phone No.	5. State of Incorporation
508-678-4650	MASSACHUSETTS

6. Brief description of the character of business conducted in Rhode Island
FENCE INSTALLATION AND GENERAL CONTRACTING SERVICES

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SECRETARY OF STATE
CORPORATIONS DIV
2015 MAR -5 AM 9:56

7. PRESIDENT, VICE-PRESIDENT ☐

President Name	Vice-President Name
THOMAS GOSSELIN	RICHARD ALMEIDA
Street Address: 874 ROBESON ST	Street Address: 1463 READ ST
City: FALL RIVER, State: MA, Zip: 02720	City: SOMERSET, State: MA, Zip: 02726
Secretary Name: RICHARD ALMEIDA	Treasurer Name: THOMAS GOSSELIN
Street Address: 1463 READ ST	Street Address: 874 ROBESON ST
City: SOMERSET, State: MA, Zip: 02726	City: FALL RIVER, State: MA, Zip: 02720

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (USE BOX FOR ATTACHMENT) ☐

Director Name	Director Name
THOMAS GOSSELIN	RICHARD ALMEIDA
Street Address: 874 ROBESON ST	Street Address: 1463 READ ST
City: FALL RIVER, State: MA, Zip: 02720	City: SOMERSET, State: MA, Zip: 02726
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. SHARES AUTHORIZED **(IF SHARES STATED, USE BOX FOR ATTACHMENT)** ☐

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
200	COMMON	NPV

This report must be executed on behalf of the corporation by an authorized 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.

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 — Date: 2/26/15

RICHARD ALMEIDA
Print or Type Name of Authorized Representative

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Form No. 630
Revised: 01/2012