



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 **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

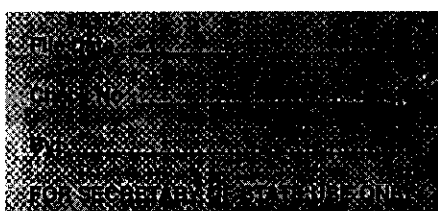
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

2015 MAR -5 AM 9:55

SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID No. 486446		2. Exact name of the Corporation HIGHLAND FENCE, INC.			
3. Principal office address 681 SOUTH BEACH ST		City FALL RIVER	State MA	Zip 02722	
4. Business Phone No. 508-678-4650		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island FENCE INSTALLATION AND GENERAL CONTRACTING SERVICES					
President Name THOMAS GOSSELIN			Vice-President Name 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
Director Name THOMAS GOSSELIN			Director Name 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
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.



FILED

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10:00 Am

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

Date

2/24/15