State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2016 Limited Liability Company	
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	

→ Penalty: Additional \$25.00) fee if form is	s not filed by (December 1.	_			
1. Entity ID Number 1049061	2. Exact name of the Limited Liability Company HIGH POINT, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
81 - Other Services (except Pi	REAL ESTATE HOLDING						
5. State of Formation RI		,,,,	, ., ., ., .,				
6. Principal Office Address	<u>. </u>		City	State	Zip		
122 TOURO STREET	·			RI	02840		
7. Mailing Address of Limited Lia		ny and Name d	r Title of Contact Person				
Contact Name MICHAEL MILLER			Contact Title	Contact Title			
Street Address 122 TOURO STREET			City NEWPORT	State RI	^{Zip} 02840		
8. List ALL managers (names ar	id addresses)	of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS		
Manager Name		Manager Name	Manager Name				
Street Add			Street Address	Street Address			
Citv	State	Zin	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode Islan	d. This informa	tion is currently	of record with the Department of Sta	ate. Changes require filin	g Form 642.		
Under penalty of perjury, I deci statements, and that all statem	are and affin ents contain	m that I have ed herein are	examined this report, includin true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person			Date				
MICHAEL MILLER				11/3/20/6			
Signature of Authorized Person	hufle.	Ville	LOCUMENT HERE	<u> </u>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

