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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 not filed by December 1.

1. Entity ID Number	2 Eveet seme	المعقبين المعقبين	- harris - On many and a			
1338925	2. Exact name of the Limited Liability Company					
1330929	HIGH COTTON, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
81 - Other Services (except Po	Personal Southboat Enjoyment					
5. State of Formation			•	,		
RI						
6. Principal Office Address		-	City	State	Zip	
8 HIGHFIELD LANE			DARIEN	СТ	06820	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name CHERYL HUFFMAN			Contact Title			
Street Address 8 HIGHFIELD LANE			City DARIEN	State CT	^{Zip} 06820	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	7:	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I decle statements, and that all stateme	ere and affirm t	hat I have exam	ined this report, inclu	ding any accompanying s	schedules and	
Name of Authorized Person / CO Date / /						
Chery L R. Huttman 11/28/16						
Signalure of Authorized Person SHUNDON MENTHERE Date 11/28/16						

MAIL TO:

Division of Business Services

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

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

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