

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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2017 FEB 21 PM 2:13

1. Entity ID Number 000486446		2. Exact name of the Corporation HIGHLAND FENCE AND CONSTRUCTION, INC			
3. Principal Office Address 681 SOUTH BEACH ST			City FALL RIVER	State MA	Zip 02722
4. Business Phone Number 508-678-4650			5. State of Incorporation MA		
6. Brief description of the character of business conducted in Rhode Island FENCING					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>		
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
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		200	COMMON	0	
11. 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.					
Name of Authorized Representative <i>Thomas Gosse</i>					Date 02/17/2017
Signature of Authorized Representative THOMAS GOSSELIN					

FILED

FEB 21 2017

By

296378
A.A

MAIL TO:

Division of Business Services

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

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