RI SOS Filing Number: 201750628500 Date: 9/28/2017 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2017 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. 	

Entity ID Number	2. Exact name of the Limited Liability Company					
624549	HIGHWATCH ENDEAVORS, LLC					
3. NAICS Code 53110	4 Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental ar	SPECIFICALLY, CURRENTLY OWNS & OPERATES COMMERCIAL REAL ESTATE					
5. State of Formation						
RHODE ISLAND			•			
6 Principal Office Address	Principal Office Address			State	Zip	
105 MAIN STREET			WAKEFIELD	RI	02879	
7 Mailing Address of Limited Lia	bility Compan	y and Name or Tit		•	•	
Contact Name SAM SLADE			Contact Title MANAGER			
Street Address 105 MAIN STREET			City WAKEFIELD	State RI	^{Zip} 02879	
8. List ALL managers (names ar	nd addresses)	of the Limited Lia	bility Company, IF APPLICAB	LE - DO NOT LIST I	MEMBERS	
Manager Name SAME SLADE			Manager Name			
Street Address 105 MAIN STREET			Street Address			
City WAKEFIELD	State RI	Zip 02879	City	State	Zip	
Manager Name .			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		1		Check the box to i	ndicate 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 dec statements, and that all statem				g any accompanyin	g schedules and	
Name of Authorized Person Date						
SAM SLADE, MANAGER / 9/4/2017						
Signature of Authorized Person SIGN DOCUMENT HERE						

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

SEP 28 2017

BY Wale DS