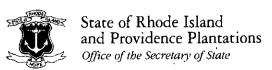
RI SOS Filing Number: 201753819680 Date: 11/22/2017 4:00:00 PM



**A. Ralph Mollis,** Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b.R.W) is subject to a penalty fee of \$25.00

(R.I.G.L., 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.								
1. ID No.  2. Exact name of the limited Highlit	Per Hes	LLC (	5311	10)				
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island  Note Island Owninghip & Operation of real extate								
5. Principal office address 125 Omalal Stru	TOMPANY AND NAME	EAST Prov. OR TITLE OF CONTACT PERS	State R.	Γ	02915			
6. MAILING ADDRESS OF LIMITED LIABILITY C	Minnage R							
125 amoual Ste	et (	East Providence	State R	I	Da915			
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)								
KIRK Dexter		Manager Name						
125 amaral St	Street Address							
East Providence State RI	03915	City	State		Zip			
Manager Name		Manager Name						
Street Address		Street Address						
City State	Zip	City	State		Zip			
8. RESIDENT AGENT IN RHODE ISLAND - DO N Agent Name	require filing of Form 642 - R.I.G.L. 7-16-11  Address							
Address		City Zip		Zip				

This report must be executed by the Dhorized person pursuant to R.I.G.L. 7-16-66 (b).

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.
_ •

File Date

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

7/	IKUK	TXX	el	11-18
Signati	re of Author	zed Person		Date
Ki	RK	Dex-	ter,	
Print of	r Type Name	of Authorized	Person	