



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 117684		2. Exact name of the Corporation Highland Farm, Inc.			
3. Principal Office Address 4235 Tower Hill Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 112400		6. Brief description of the character of business conducted in Rhode Island To engage in all facets of farming, agriculture, and the wholesale and retail sale of products.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Martha Bradley			Vice-President Name Jack Sumner		
Street Address 4235 Tower Hill Road			Street Address 4235 Tower Hill Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Jack Sumner			Treasurer Name Martha Bradley		
Street Address 4235 Tower Hill Road			Street Address 4235 Tower Hill Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE - 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 Martha Bradley					Date 2-5-2018
Signature of Authorized Representative <i>Martha Bradley</i>					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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