



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# **LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>16782115</b>		2. Exact name of the limited liability company <b>Highland 125 LLC</b>			
3. State of Formation <b>R.I.</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate 831390</b>			
5. Principal office address <b>303 England St.</b>		City <b>Cumberland</b>	State <b>R.I.</b>	Zip <b>02864</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Elizabeth A. Miller</b>			Contact Title <b>Member</b>		
Street Address <b>P.O. Box 7263</b>			City <b>Cumberland</b>	State <b>R.I.</b>	Zip <b>02864</b>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Not Applicable</b>			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**AUG 31 2018**

BY **141 DS**

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.

**Elizabeth A. Miller** **8-29-18**  
 Signature of Authorized Person Date

**Elizabeth A. Miller**  
 Print or Type Name of Authorized Person

File Date \_\_\_\_\_

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

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

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