



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

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 CORPORATIONS DIV.
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Annual Report for the year: 2019
 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.

1. Entity ID Number 1688892		2. Exact name of the Limited Liability Company Highpoint Solutions LLC			
3. NAICS Code 532210		4. Brief description of the character of business conducted in Rhode Island video/ Audio Installation			
5. State of Formation RI					
6. Principal Office Address 9 hannah Dr		City Cumberland	State RI	Zip 02864	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Joseph Daigle			Contact Title OWNER		
Street Address 9 hannah Dr		City Cumberland	State RI	Zip 02864	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name +		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
Check the box to indicate an attachment <input type="checkbox"/>					
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 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 Person Joseph Daigle				Date 3-12-19	
Signature of Authorized Person Joseph Daigle					

FILED

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2675
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 FORM 632 - Revised: 10/2017