

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.

4 Easter ID November	lo such		1.135. 4			
1. Entity ID Number <b>148557</b>	2. Exact name of the Limited Liability Company 103 HIGHLAND, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island     TO ENGAGE IN REAL ESTATE					
531120						
5. State of Formation	1					
RI						
6. Principal Office Address			City	State	Zip	
1308 ATWOOD AVENUE			JOHNSTON	RI	02919	
7. Mailing Address of Limited Lia	ability Compan	y and Name or Tit				
Contact Name DAVID J LUCIER			Contact Title MEMBER			
Street Address 1308 ATWOOD AVENUE			City JOHNSTON	State RI	Zip <b>02919</b>	
8. List ALL managers (names a		of the Limited Lia			MEMBERS	
Manager Name DAVID J LUCIER			Manager Name LEO J DELISI			
Street Address 1308 ATWOOD AVENUE			Street Address 1308 ATWOOD AVENUE			
C.ty JOHNSTON	State RI	<sup>Zip</sup> 02919	City JOHNSTON	State RI	<sup>Zip</sup> 02919	
Manager Name N/A			Manager Name N/A			
Street Address			Street Address			
City	State	Zip	City	State	Z:p	
<del></del>	.1 .	<u> </u>	1	Check the box to i	indicate an attachment	
9. Resident Agent in Rhode Isla	nd. This informa	ition is currently of re	ecord with the Department of Sta	ate. Changes require filir	ng Form 642.	
Under penalty of perjury, I dec statements, and that all states	clare and affir ments contain	m that I have exa	mined this report, including and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
DAVID J LUCIER				09/27/1	09/27/19	
Signature of Authorized Person SIGN DOCUMENT HERE						
~ U	]					

MAIL TO:

**Division of Business Services** 

я48 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 632 - Revised: 10/2017