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

FILED
JAN 13 2020
BY 1768 DS

Annual Report for the year: 2020
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	2. Exact name of the Corporation
58981	Highpoint Holdings Inc

3. Principal Office Address	City	State	Zip
27 Highpoint Avenue	Portsmouth	RI	02871

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	Purchasing, improving, leasing, exchanging, selling and disposing of real estate
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: William J. Corcoran			Vice-President Name:		
Street Address: 28 Ward Avenue			Street Address:		
City: Newport	State: RI	Zip: 02840	City:	State:	Zip:
Secretary Name: Elsie Lombard			Treasurer Name: William J. Corcoran		
Street Address: 1 Vicksburg Place			Street Address: 28 Ward Avenue		
City: Newport	State: RI	Zip: 02840	City: Newport	State: RI	Zip: 02840

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	0		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	Date
William J. Corcoran	1/10/20

Signature of Authorized Representative: William J. Corcoran, President — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017