



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

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.

FILED
STAMP
 MAR 02 2020
 BY SSAUS DS

1. Entity ID Number 001676289		2. Exact name of the Corporation Highland Investment Group, Inc.			
3. Principal Office Address 1359 Main Road			City Tiverton	State RI	Zip 02878
4. NAICS Code 522291		6. Brief description of the character of business conducted in Rhode Island Managing corporate assets and other legal business			
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 Jon Paul VanRegenmorter			Vice-President Name Jon Paul VanRegenmorter		
Street Address 25 Highland Road			Street Address 25 Highland Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Jon Paul VanRegenmorter			Treasurer Name Jon Paul VanRegenmorter		
Street Address 25 Highland Road			Street Address 25 Highland Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jon Paul VanRegenmorter			Director Name Jon Paul VanRegenmorter		
Street Address 25 Highland Road			Street Address 25 Highland Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			5,000,000		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 Jon Paul VanRegenmorter				Date 2/10/2020	
Signature of Authorized Representative 				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