



State of Rhode Island

## Department of State - Business Services Division

**FILED**Annual Report for the year: 2020**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.

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 BY 35001  
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1. Entity ID Number 1049061		2. Exact name of the Limited Liability Company High Point, LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Formation RI					
6. Principal Office Address 122 Touro Street			City Newport	State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael W. Miller			Contact Title Registered Agent		
Street Address 122 Touro Street			City Newport	State RI	Zip 02840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name B					
Street Address 104 Dia			Stre 104 Dia		
City			Zip 02871		
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. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Catherine Dumont				Date 10-20-20	
Signature of Authorized Person 					

**MAIL TO:**

Division of Business Services

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

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