RI SOS Filing Number: 202186064360 Date: 1/13/2021 4:00:00 PM

Department of State - Business Services Division					
Annual Report for the year: 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.					R.I. DEPT. OF ST BUS SVOS D
1. Entity ID Number	2. Exact name of the Limited Liability Company				Di Sil
000788850	Highpoint Home Decor, LLC				ก
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
442299	REtail Store - Home furnishings, gifts, etc				
5. State of Formation Rエ				J / J	, , , , , ,
6. Principal Office Address			City	State	Zip
6 Fort Rd			Nesterly	RI	02891
7 Mailing Address of Limited Lia	ability Company a	nd Name or Title	of Contact Person		
Contact Name KAITIO	Smith		Contact Title OWNER		
Street Address Riverview St			CINESSEX.	State	21064260
8. List ALL managers (names a		the Limited Liabil	ity Company, IF APPLICABLE	- DO NOT LIST	MEMBERS
Manager Name KAITLIN SMITH			Manager Name		
Street Address 14 Riverview St			Street Address		
ciy ESS-CX	State	Zip 06426	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	1	1	<u> </u>	Check the box to	indicate an attachment
9. The Resident Agent information	on currently of rec	ord with the RI D	epartment of State is accurat	e. Changes requir	e filing Form 642.
Under penalty of perjury, I dec statements, and that all stater				nny accompanyin	g schedules and
Name of Authorized Person Date					
KAITLIN SMITH 1/5					21
Signature of Authorized Person	D				

MAIL TO:

Division of Business Services

State of Rhode Island

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

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

JAN 13 2021 BY 3MF PD

FCRM 632 - Revised: 98/2020