



State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2021  
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 <b>58981</b>		2. Exact name of the Corporation <b>Highpoint Holdings Inc</b>			
3. Principal Office Address 27 Highpoint Avenue			City Portsmouth	State RI	Zip 02871
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island <i>Purchase, lease, improve, exchange, selling, deposing of real estate</i>			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
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. <b>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.</b>					
Name of Authorized Representative William J. Corcoran				Date <i>1/14/2021</i>	
Signature of Authorized Representative <i>William J. Corcoran, President</i>					

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

JAN 28 2021

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