



RECEIVED STATE
 RI DEPT. OF STATE
 BUS SVCS DIV
 2021 DEC 21 PM 12:03

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 001073294		2. Exact name of the Corporation High Output, Inc.			
3. Principal Office Address 495 Turnpike Street			City Canton	State MA	Zip 02021
4. NAICS Code 532490		6. Brief description of the character of business conducted in Rhode Island Rental & sales of equipment and supplies (and related services) for the film, television, theatre and event industries.			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John C. Cini			Vice-President Name None		
Street Address 325 Huron Avenue			Street Address		
City Cambridge	State MA	Zip 02138	City	State	Zip
Secretary Name James A. Hirsch			Treasurer Name James A. Hirsch		
Street Address 19 Beverly Road			Street Address 19 Beverly Road		
City Chestnut Hill	State MA	Zip 02167	City Chestnut Hill	State MA	Zip 02167
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John C. Cini			Director Name James A. Hirsch		
Street Address 325 Huron Avenue			Street Address 19 Beverly Road		
City Cambridge	State MA	Zip 02138	City Chestnut Hill	State MA	Zip 02167
Director Name Karen Hirsch			Director Name Diane Dowling		
Street Address 19 Beverly Road			Street Address 20332 Waters Row Terrace		
City Chestnut Hill	State MA	Zip 02167	City Germantown	State MD	Zip 20874
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		CLASS/SERIES	
		10,000		Common Class A	
		5,000		Common Class B	
		PAR VALUE		no par value	
				no par value	
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 John C. Cini, President					Date 12/20/2021
Signature of Authorized Representative 					FILED

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

DEC 21 2021
 BY 12:06