RI SOS Filing Number: 202107299260 Date: 12/21/2021 12:04:00 PM **-**State of Rhode Island **Department of State - Business Services Division** Annual Report for the year: 2018 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 2. Exact name of the Corporation 001073294 High Output, Inc. 3. Principal Office Address City State Zıp 495 Turnpike Street Canton MA 02021 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 532490 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 President Name John C. Cini Vice-President Name None Street Address 325 Huron Avenue Street Address State MA ^{City} Cambridge ^{Zip}02138 City State Ζıρ Secretary Name James A. Hirsch Treasurer Name James A. Hirsch Street Address 19 Beverly Road Street Address 19 Beverly Road State MA City Chestnut Hill State MA ^{Zip}02167 ^{Zip}02167 ^{City} Chestnut Hill 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name John C. Cini Director Name James A. Hirsch Street Address 325 Huron Avenue Street Address 19 Beverly Road Cambridge ^{Zıp}02138 State ^{City} Chestnut Hill ^{Zip} 02167 MA Director Name Karen Hirsch Director Name
Diane Dowling Street Address 19 Beverly Road Street Address 20332 Waters Row Terrace State MA State MD City Chestnut Hill ^{Zip}02167 City Germantown ^{Zip} 20874 Shares Authorized Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES FAR VALUE Department of State. 10.000 Common Class A no par value Changes require an additional filing. 5,000 Common Class B 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 Date John C., Cini, President 12/20/2021 Signature of Authorized Representative 12:04

MAIL TO:

Division of Business Services

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