


HIGHLAND

State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 07 2022  
BY lafo 

1. Entity ID Number 000486446		2. Exact name of the Corporation HIGHLAND FENCE <u>JMC</u>			
3. Principal Office Address 681 SOUTH BEACH ST			City FALL RIVER	State MA	Zip 02722
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island FENCING			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>
President Name THOMAS GOSSELIN			Vice-President Name RICHARD ALMEIDA		
Street Address 766 MADISON ST			Street Address 639 PEARCE RD		
City FALL RIVER	State MA	Zip 02720	City SWANSEA	State MA	Zip 02777
Secretary Name RICHARD ALMEIDA			Treasurer Name THOMAS GOSSELIN		
Street Address 639 PEARCE RD			Street Address 766 MADISON ST		
City SWANSEA	State MA	Zip 02777	City FALL RIVER	State MA	Zip 02720
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>
Director Name THOMAS GOSSELIN			Director Name RICHARD ALMEIDA		
Street Address 766 MADISON ST			Street Address 639 PEARCE RD		
City FALL RIVER	State MA	Zip 02720	City SWANSEA	State MA	Zip 02777
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</span>
This information is currently of record in the Department of State. Changes require an additional filing.					<input type="checkbox"/>
					NUMBER OF SHARES 200
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 <u>Thomas Gosselin</u>					Date 2/15/2022
Signature of Authorized Representative THOMAS GOSSELIN					

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