RI SOS Filing Number: 202329515900 Date: 2/27/2023 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

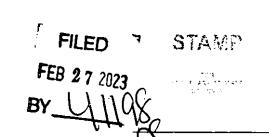
Annual Report for the year: 2023

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



| Signature of Authorized Pe                           | rson   |   |                       |                      |
|--|--|---|-----------------------|----------------------|
| Name of Authorized Person leakher Duy                |  | 十   | Date 02 - 10 - 2023   |                      |
| Under penalty of perjury, statements, and that all s | I declare and affirm that I have exan<br>tatements contained herein are true         | nined this report, including and correct. | ng any accompanyin    | g schedules and      |
| 8. The Resident Agent infor                          | mation currently of record with the RI I   | Department of State is accu               | urate. Changes requir | e filing Form 642.   |
| Street Address 122 Touro Street                      |  | City Newport                              | State RI              | <sup>Zip</sup> 02840 |
| Contact Name Michael W. Miller                       |  | Contact Title Resident Agent              |                       |                      |
|  | ed Liability Company and Name or Title   |   |                       |                      |
| 122 Touro Street                                     |  | Newport                                   | RI                    | 02840                |
| 6. Principal Office Address                          |  | City                                      | State                 | Zip                  |
| 5. State of Formation RI                             |  |   |                       |                      |
| 3. NAICS Code<br>531390                              | Brief description of the character of business conducted in Rhode Island Real Estate |   |                       |                      |
| 1049061  | High Point, LLC  |   |                       |                      |
| 1. Entity ID Number                                  | 2. Exact name of the Limited Liability Company                                       |   |                       |                      |

MAIL TO:

**Division of Business Services** 

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

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