



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 03 2023

BY

| | | | |
|---|--|---|--------------------|
| 1. Entity ID Number 001676289 | | 2. Exact name of the Corporation Highland Investment Group, Inc. | |
| 3. Principal Office Address 1359 Main Road | | City Tiverton | State RI |
| | | Zip 02878 | |
| 4. NAICS Code 522291 | 6. Brief description of the character of business conducted in Rhode Island Managing corporate assets and other legal business. | | |
| 5. State of Incorporation Rhode Island | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Jon Paul Van Regenmorter | | Vice-President Name Jon Paul Van Regenmorter | |
| Street Address 25 Highland Road | | Street Address 25 Highland Road | |
| City Tiverton | State RI | City Tiverton | State RI |
| Secretary Name Jon Paul Van Regenmorter | | Treasurer Name Jon Paul Van Regenmorter | |
| Street Address 25 Highland Road | | Street Address 25 Highland Road | |
| City Tiverton | State RI | City Tiverton | State RI |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Jon Paul Van Regenmorter | | Director Name Jon Paul Van Regenmorter | |
| Street Address 25 Highland Road | | Street Address 25 Highland Road | |
| City Tiverton | State RI | City Tiverton | State RI |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| 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. | | NUMBER OF SHARES | |
| Changes require an additional filing. | | CLASS/SERIES | |
| | | PAR VALUE | |
| | | 5,000.000 | Common |
| | | | 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 Jon Paul Van Regenmorter | | | Date 02/24/2023 |
| Signature of Authorized Representative | | | |

MAIL TO:
Division of Business Services
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