



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

*[Handwritten signature]*

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	Zip 02878	City Tiverton	State RI	Zip 02878
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	Zip 02878	City Tiverton	State RI	Zip 02878
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	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	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. <i>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.</i>					
Name of Authorized Representative Jon Paul Van Regenmorter				Date 02/24/2023	
Signature of Authorized Representative <i>[Handwritten signature]</i>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2816  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov