

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

MAR 17 2023

BY

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1 Entity ID Number 000486446		2 Exact name of the Corporation HIGHLAND FENCE INC			
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			
5. State of Incorporation MA		FENCING			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <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)					Check the box to indicate an attachment <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					Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		10 Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 200	CLASS/SES COMMON	PAR VALUE 2.50	
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 Thomas Gossein					Date 2/27/2023
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