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State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2024
Corporation

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

1. Entity ID Number 86319		2. Exact name of the Corporation Highland Builders, Inc.										
3. Principal Office Address 9 Warren Avenue		City Tiverton	State RI									
		Zip 02878										
4. NAICS Code 238118	5. Brief description of the character of business conducted in Rhode Island Constructing, repairing and renovating real estate											
6. State of Incorporation Rhode Island												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name Westall Deane		Vice-President Name Gilbert Pires										
Street Address 9 Warren Avenue		Street Address 9 Warren Avenue										
City Tiverton	State RI	City Tiverton	State RI									
Zip 02878		Zip 02878										
Secretary Name Gilbert Pires		Treasurer Name Westall Deane										
Street Address 9 Warren Avenue		Street Address 9 Warren Avenue										
City Tiverton	State RI	City Tiverton	State RI									
Zip 02878		Zip 02878										
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/VALUES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/VALUES	PAR VALUE	200	Common	No Par			
NUMBER OF SHARES	CLASS/VALUES	PAR VALUE										
200	Common	No Par										
Changes require an additional filing.												
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 Westall Deane		Date 11-20-23										
Signature of Authorized Representative <i>Westall Deane</i>		FILED										

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

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FORM 630- Revised: 04/2023