



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

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

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

MAIL TO:  
Division of Business Services  
145 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