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REC'D RIDOS BSD '23 DEC 26 PM 2:49:58

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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	2. Exact name of the Corporation			
86319	Highland Builders, Inc.			
3. Principal Office Address		City	State	Zip
9 Warren Avenue		Tiverton	RI	02878
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236118	Constructing, repairing and renovating real estate			
5. 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	Zip: 02878	City: Tiverton	State: RI	Zip: 02878
Secretary Name: Gilbert Pires			Treasurer Name: Westall Deane		
Street Address: 9 Warren Avenue			Street Address: 9 Warren Avenue		
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 ☐

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	200	Common	No Par

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	Date
Westall Deane	11.20.23

Signature of Authorized Representative: Westall Deane

FILED

JAN 04 2024 11:24

BY 2W9Z

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

FORM 630- Revised 04/2023