



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019

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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24 JAN 4 AM 11:23:21

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		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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					
This information is currently of record in the Department of State.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		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. <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 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 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630- Revised: 04/2023