State of Rhode Island
Department of State - Business Services Division

Annual 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.

FILED
FEB 14 2024
BY 1043

1. Entity ID Number	2. Exact name of the Corporation
000116262	Higgins Financial Advisors, Inc.

3. Principal Office Address	City	State	Zip
151 Putnam Pike	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
523930	To provide investment advisory services, financial planning
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Judith P Higgins	
Street Address: 151 Putnam Pike	Street Address:
City: Johnston, State: RI, Zip: 02919	City: , State: , Zip:
Secretary Name: Judith P Higgins	Treasurer Name: Judith P Higgins
Street Address: 151 Putnam Pike	Street Address: 151 Putnam Pike
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Judith P Higgins	
Street Address: 151 Putnam Pike	Street Address:
City: Johnston, State: RI, Zip: 02919	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	500		

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
Judith P. Higgins	02/08/2023

Signature of Authorized Representative: Judith P. Higgins

MAIL TO:
Division of Business Services
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