



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FILED

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

FEB 23 2024

BY

1. Entity ID Number 117684		2. Exact name of the Corporation Highland Farm, Inc.			
3. Principal Office Address 4235 Tower Hill Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 111230		6. Brief description of the character of business conducted in Rhode Island To engage in all facets of farming, agriculture, and the wholesale and retail sale of products.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Martha Bradley			Vice-President Name Jack Sumner		
Street Address 4235 Tower Hill Road			Street Address 4235 Tower Hill Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Jack Sumner			Treasurer Name Martha Bradley		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	common	-0-	
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 Martha Bradley					Date 2-12-24
Signature of Authorized Representative <i>Martha Bradley</i>					

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