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State of Rhode Island

**Department of State - Business Services Division** 

Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED MAR 04 2024
BY 16354

Entity ID Number	2. Exact name of the Limited Lia					
001083121	Highland Dev	elopment LLC	_			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
236117 Commercial General Contracto				r		
Massachusetts						
6. Principal Office Address	^	City	State	Zip		
121 Boston Pos	Road	Sudbury	MA	01776		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Kevin Leveron	76	Manager				
Street Address 121 Boston Post	Road	city Sudbury	State	<sup>Zip</sup> 01776		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. 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 Person				Date		
Kevin Lever	3/1/2024					
Signature of Authorized Person						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov