



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.

 REC'D. RIDOS BSD
 24 DEC 4 PM 12:44:03
 STA

1. Entity ID Number 001704304		2. Exact name of the Corporation HIGHVIEW LANDSCAPE INC												
3. Principal Office Address 2 HILLSIDE RD			City WEST KINGSTON	State RI	Zip 02892									
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island LANDSCAPE SERVICES												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name BRIAN QUIGLEY			Vice-President Name BRIAN QUIGLEY											
Street Address 2 HILLSIDE RD			Street Address 2 HILLDISE RD											
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892									
Secretary Name BRIAN QUIGLEY			Treasurer Name BRIAN QUIGLEY											
Street Address 2 HILLSIDE RD			Street Address 2 HILLSIDE RD											
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR			
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100	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 BRIAN QUIGLEY					Date 12-3-24									
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED 12:44

DEC 4 2024

BY 01473

FORM 630- Revised: 12/2023