RI SOS Filing Number: 202461446740 Date: 12/4/2024 12:44:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation –						1255		
Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.								
→ Filing Fee: \$50.00						4:50		
→ Penalty: Additional \$25.00 fe	e if form is not fil	ed by May 31.				0		
Entity ID Number	2. Exact name of the Corporation							
001704304	HIGHVIEV	V LANDSCA	NPE IN	C				
2 Dining 105-105-1	l		LCity		Ictoro	IZin		
3. Principal Office Address			City	KINGSTON	State RI	Zip 02892		
2 HILLSIDE RD			MESI	KINGSTON	KI	02092		
4. NAICS Code	6. Brief description	n of the character	of busines	s conducted in Rhode Isl	and	-		
561730	•	E SERVICES						
		_ 0_;;;;0_0						
5. State of Incorporation								
RI								
7 List ALL officers (names and add	taccac)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Chack the hov	to indicate	an attachment []		
7. List ALL officers (names and addresses)				Check the box to indicate an attachment Vice-President Name BRIAN QUIGLEY				
President Name BRIAN QUIGL	ΕY			BRIAN QUI	GLEY			
Street Address 2 HILLSIDE RD	1	-	Street Addr	ress 2 HILLDISE RD	 \			
Z HILLSIDE RU	1			Z MILLUISE KU	,			
City WEST KINGSTON	State RI	^{Zip} 02892	City ME	ST KINGSTON	State RI	Zip 02892		
WEST KINGSTON		02092	VVE:	ST KINGSTON	l Ki	02892		
Secretary Name BRIAN QUIGL	 FY		Treasurer N	Name BRIAN QUIGL	FY			
Street Address 2 HILLSIDE RD			Street Address 2 HILLSIDE RD					
			L			I		
City WEST KINGSTON	State RI	^{Zip} 02892	City WE	ST KINGSTON	State RI	^z 02892		
	<u> </u>	1			1	ı		
List ALL directors (names and ad Director Name	dresses)		Director Na		x to indicat	e an attachment		
Director Harrie			Billotto Hemo					
Street Address				Street Address				
City	State	Zip	City	_	State	Zip		
					1			
Director Name			Director Name					
				_				
Street Address			Street Addr	ress				
	Tax :	T=-		<u> </u>	To	I		
City	State	Zip	City		State	Zip		
9. Shares Authorized	l	10. Shares Issue	1	Chack the he	v to indicat	te an attachment		
This information is currently of recor	d in the	NUMBER OF SH		CLASS/SERIES	ix to indica	PAR VALUE		
Department of State.	-	100		COMMON	IN	IO PAR		
		.00		COMMON		1017(1)		
Changes require an additional filing.								
44 71:	L L 16 6 AL					h - h da - f a -a		
11. This report must be executed or					ation is in t	ne nands of a re-		
ceiver or trustee, this report must be Under penalty of perjury, I declar					panving se	chedules and		
statements, and that all statemen				i, moroung arry accom,	Junymy J			
statements, and that an statemen	ns comanieu nei	Name of Authorized Representative						
					Date			
					1	2/7//		
Name of Authorized Representative BRIAN QUIGLEY	· /				1	-3-24		
Name of Authorized Representative BRIAN QUIGLEY Signature of Authorized Representative	· /				1	-3-24		
Name of Authorized Representative BRIAN QUIGLEY	· /			ED to a de	1	- 3-24		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov DECO 4-2024

FORM 630- Revised. 12/2023