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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2025

→ 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 0 7 2025 BY		
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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company				
001678211	Highland 1	29 LL	.C	_		
3. NAICS Code	4. Brief description of the charac	ter of business o	conducted in Rhoc	le Island		
53/110	Real	548	tes .			
5. State of Formation	NECCI	CHAN				
RI						
6. Principal Office Address 303 England	treet	Cumbe	rland	State	02864	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title	,			
51, rabeth A,	Miller	Me	unter			
Street Address 303 England	street	Cumber	land	State	02864	
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	1 (1)			Date		
Elizabeth	A. Miller			2-1	- 45	
Signature of Authorized Person						
Elizabeth A Miller MBR						
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MAIL TO:

Division of Business Services

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

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