



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 65765		2. Name of Corporation Adams Hill Consulting, Inc.			
3. Street Address Principal Business Office 10 Weybosset Street			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. (401) 456-1200		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE FINANCIAL MANAGEMENT AND CONSULTING SERVICES TO INDIVIDUALS AND BUSINESSES					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John F. McJennett III			Vice President Name Jane P. McJennett		
Street Address 150 Meeting Street			Street Address 150 Meeting Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Jane P. McJennett			Treasurer Name John F. McJennett III		
Street Address 150 Meeting Street			Street Address 150 Meeting Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jane P. McJennett			Director Name John F. McJennett III		
Street Address 150 Meeting Street			Street Address 150 Meeting Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	NO PAR VALUE		100	Common	No Par Value
THIS SECTION MUST BE COMPLETED					

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2008 JAN 25 PM 1:50

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.

**FILED**

File Date: JAN 25 2008  
 Check No. By: DS 848  
 FOR SECRETARY OF STATE USE ONLY

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.

Signature: *John F. McJennett III* Date: 23 JAN 2008  
 John F. McJennett III  
 Print or Type Name  
 President  
 Title