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.	*2. Name of Corporation*			
83230	H & D, INC.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
240A Sand Hill Cove Road		Narragansett	RI	02882
4. Business Phone No.	*5. State of Incorporation*			
(401) 783-0700	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the operating of a parking lot business.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			*Vice President Name*		
Wayne Durfee			T. Brian Handrigan		
Street Address			*Street Address*		
240A Sand Hill Cove Road			120 Chestnut Avenue		
City	*State*	*Zip*	*City*	*State*	*Zip*
Narragansett	RI	02882	Narragansett	RI	02882
Secretary Name			*Treasurer Name*		
Wayne Durfee			T. Brian Handrigan		
Street Address			*Street Address*		
240A Sand Hill Cove Road			120 Chestnut Avenue		
City	*State*	*Zip*	*City*	*State*	*Zip*
Narragansett	RI	02882	Narragansett	RI	02882

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			*Director Name*		
Wayne Durfee			T. Brian Handrigan		
Street Address			*Street Address*		
240A Sand Hill Cove Road			120 Chestnut Avenue		
City	*State*	*Zip*	*City*	*State*	*Zip*
Narragansett	RI	02882	Narragansett	RI	02882
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
2,000 common no par value			200	common	no par

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.

[redacted] [redacted]

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 *Date* 3/29/08

T. Brian Handrigan
Print or Type Name

[redacted] Vice President
Title

FILED
File Date
Check No. MAR 31 2008
By: By 8865
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Form 630 Rev. 12/06