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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			
141231	Hanley Village Development Corp.			
3. Street Address Principal Business Office		City	State	Zip
472 Potters Avenue		Providence	RI	02907
4. Business Phone No.	5. State of Incorporation			
(401) 781-8989	RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
To design, develop, experiment with, manufacture, assemble, install, repair, purchase and deal with equipment

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

President Name			Vice President Name		
Paul A. Calenda			Ralph Vickery		
Street Address			Street Address		
472 Potters Avenue			7 Apple Valley Drive		
City	State	Zip	City	State	Zip
Providence	RI	02907	Rehoboth	MA	02769
Secretary Name			Treasurer Name		
Ralph Vickery			Paul A. Calenda		
Street Address			Street Address		
7 Apple Valley Drive			472 Potters Avenue		
City	State	Zip	City	State	Zip
Rehoboth	MA	02769	Providence	RI	02907

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

Director Name			Director Name		
Paul A. Calenda			RALPH Vickery		
Street Address			Street Address		
472 Potters Avenue			7 APPLE VALLEY Dr		
City	State	Zip	City	State	Zip
Providence	RI	02907	Rehoboth	MA	02769
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
1,000	Common	No Par Value	100	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.

Paul Calenda 3/1/08
Signature *Date*

Paul A. Calenda
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. JUN 04 2008
By: By 10502 & 10506
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Form 630 Rev. 12/06