



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 2007

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. 70314		2. Name of Corporation HUNT'S MILLS INC			
3. Street Address Principal Business Office 14 ELLIS ST			City RUMFORD,	State RI	Zip 0291640
4. Business Phone No. 401-438-4069		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island ADMINISTRATIVE AND ANY LAWFUL PURPOSE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name FRANCIS R. HARNEDY			Vice President Name LAURA M. HARNEDY		
Street Address 26 INDIAN ROAD P.O. BOX 466			Street Address 14 ELLIS ST		
City LITTLE COMPTON	State RI	Zip 02837	City RUMFORD	State RI	Zip 02916
Secretary Name LAURA M. HARNEDY			Treasurer Name LAURA M. HARNEDY		
Street Address 14 ELLIS ST			Street Address 14 ELLIS ST		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02016
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name FRANCIS R. HARNEDY			Director Name LAURA M. HARNEDY		
Street Address 26 INDIAN ROAD P.O. BOX 466			Street Address 14 ELLIS ST		
City LITTLE COMPTON	State RI	Zip 02837	City RUMFORD,	State RI	Zip 02916
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4000SH	COM	NO PAR VALUE	2000SH	COM	NO PAR VALUE
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES - THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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.

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY

FILED

JUL 01 2008

By

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

LAURA M. HARNEDY

Print or Type Name

VICE PRESIDENT

Title