

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 2009

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 th

1. Gorporate ID No 5652	MHF, Inc.	2. Name of Corporation MHF, Inc.				
3. Street Address Principal Business Office 23 Kettle Pond Drive			City Wakefield	State RI	Ζψ 02879	
4. Rusiness Phone No. 5. State of Incorporation RHODE ISLAND					02013	
6. Brief Description of the Chan To own, operate, and m	nanage real estate	? .				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Harriet F. Dwyer			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Katherine F. Sparrow			
Street Address 10 Monkey Wrench Lane			Street Address 23 Kettle Pond Drive			
Bristol	State RI	^{ズ東} 02809	Wakefield	State RI	ブル 02879	
Secretary Name Paul Silva			Treasurer Name Katherine F. Sparrow			
Street Address 674 Hope Street			Street Address 23 Kettle Pond Drive			
City Bristol	State RI	^{Zip} 02809	Ctty Wakefield	State RI	Zip 02879	
Director Name Harriet F. Dwyer	SES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) TELL I Director Name Katherine F. Sparre	N SPACES BEFORE USING	G ATTACHMENTS	
Street Address 10 Monkey Wrench Lane			Street Address 23 Kettle Pond Drive			
୍ଧାନ Bristol	State RI	Zip 02809	City	State	Zija	
Orrector Name	1.1.3		Wakefield Director Name	RI	02879	
Street Address			Street Address			
<i>Tt</i>):	State	Zip	City	State	Ζψ	
. SHARES AUTHORIZED		1	10. SHARES ISSUED ISSUED SHARES — THIS SE	 <i>("X" BOX FOR ATTACH</i> CTION <u>MUSI</u> BE COMPLETED	IMENT)	
This information is currer	ntly of record in th	e Office of the Secretary of	Number of Shaves	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.		800	COMMON	.125 PAR		
his report must be execut	ed on behalf of th	e corporation by an authorize	d representative. If the o	corporation in in the best		

File Date	FILED
Check No.	AR 2 7 2009
l RA	OR 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.

Harris J.	Various	_ 3/.	19	10	9
Signature	0	Date	7		

Harriet F. Dwyer Print or Type Name

President