



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 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 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. 156209		2. Name of Corporation A&H, INC			
3. Street Address Principal Business Office 1112 CHARLES STREET			City NORTH PROVIDENCE	State RI	Zip 02904
4. Business Phone No. (401)721-2178		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island BAKERY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ABDALLAH ISSA			Vice President Name ABDALLAH ISSA		
Street Address 95 HIGH STREET			Street Address 95 HIGH STREET		
City NORTH ATTLEBORO	State MA	Zip 02760	City NORTH ATTLEBORO	State RI	Zip 02760
Secretary Name			Treasurer Name ABDALLAH ISSA		
Street Address			Street Address 95 HIGH STREET		
City	State	Zip	City NORTH ATTLEBORO	State MA	Zip 02760
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ABDALLAH ISSA			Director Name ABDALLAH ISSA		
Street Address 95 HIGH STREET			Street Address 95 HIGH STREET		
City NORTH ATTLEBORO	State MA	Zip 02760	City NORTH ATTLEBORO	State MA	Zip 02760
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series	Value 1

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

JUN 02 2009

File Date	By
Check No.	
By:	
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: ABDALLAH ISSA
Date: 05-29-09
Print or Type Name: ABDALLAH ISSA
Title: OWNER