

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 0290-1-2615 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(ece'd)) is white the actual to the \$650.00. subject to a penalty fee of \$25.00.

156209	A&H,INC					
3. Street Address Principal Business Office 1112 CHARLES STREET		NORTH PROVIDENCE	State RI	<i>Ζψ</i> 02904		
4. Business Phone No. 5. State of Incorporation (401)721-2178 RHODE ISLAND						
6. Brief Description of the Character of BAKERY	of Business Conducted in R	bode Island				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	S BEFORE USING ATT	ACHMENTS	
ABDALLAH ISSA			Vice President Name ABDALLAH ISSA			
Street Address 95 HIGH STREET			Street Address 95 HIGH STREET			
NORTH ATTLEBORO	State MA	<i>дір</i> 02760	NORTH ATTLEBORO	State RI	^{Zip} 02760	
Secretary Name	rds	***************************************	Treasurer Name ABDALLAH ISSA	•••••••••••		
Street Address			Street Address 95 HIGH STREET			
City	State	Zip	City NORTH ATTLEBORO	State MA	Zip 02760	
	OF THE DIRECTOR	S: ("X" BOX FOR ATI	: FACHMENT) [] FILL IN SPACE	i .		
Director Name ABDALLAH ISSA			Director Name ABDALLAH ISSA			
Street Address			Street Address			
95 HIGH STREET City State Zib			95 HIGH STREET			
NORTH ATTLEBORO Director Name	MA	02760	NORTH ATTLEBORO Director Name	MA	02760 02760	
Street Address			Street Address Street			
City	State	Zip	: City	State	Z1/PV	
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9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		was S	
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100		7	
This report must be executed	on behalf of the corp	poration by an authorize	ed representative. If the corpor	ation is in the hands of	a receiver or trustee,	
this report must be executed	on behalf of the corp	oration by the receiver	or trustee.			
	đ	FILED				
_		ILIN O A COOC	Under penalty of perjury	, I declare and affirm that	have examined this repor	
		TNN 035 5008			ents, and that all statemen	
File Date	B	mi	contained herein are true	and correct.	528-09	
Chack No		NO 9002	Signature		Date	
Check No.		7 / / / / / / / / / / / / / / / / / / /	ABDALLAH ISS	Α		
FOR SECRETARY OF STATE USE ONLY			Print or Type Name OWNER			
		_	Title		Form 630 Rev. 08/08	