STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of Stat
Corporations Divisio
100 North Main Street, Providence, RI 02903-133.
401-222-304

STOP
PLEASE READ
INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

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: R.I. — Zip: 02916
4. Business Phone No.: 401-438-0001/438-4069
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7658
7. Brief Description of the Character of Business Conducted in Rhode Island: Administrative

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

President Name: Francis R. Harnedy
Street Address: 26 Indian Rd.P.O.Box 466
City: Little Compton, State: RI Zip: 02837

Vice President Name: Laura M. Harnedy
Street Address: 26 Indian Rd.P.O.Box 466
City: Little Compton State: RI Zip: 02837

Secretary Name: Laura M. Harnedy
Street Address: 26 Indian Rd. P.O.Box 466
City: Little Compton, State: RI Zip: 02837

Treasurer Name: Laura M. Harnedy
Street Address: 26 Indian Rd. P.O.Box 466
City: Little Comptom State: RI Zip: 02837

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

Director Name: Francis R. Harnedy
Street Address: 26 Indian Rd P.O.Box 466
City: Little Compton, State: RI Zip: 02835

Director Name: Laura M. Harnedy
Street Address: 26 Indian Rd.
City: Little Compton, State: RI Zip: 02837

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
4,000 SHS	NO	PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2200sh	comm	No Par Vslue

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste

[redacted] [redacted]

* 7 0 3 1 4 *

File Date: 2/28/00

Check No.: 2204

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, an that all statements contained herein are true and correct.

Laura M. Harnedy 2/24/00
Signature of Officer *Date*

Laura M. Harnedy
Print or Type Name of Officer

Vice President
Title of Officer

[redacted]