



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
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
4. Business Phone No. **14 Ellis St**
5. State of Incorporation **RHODE ISLAND**
6. SIC Code **7658**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Rumford,** State **RI** Zip **02916**
6. SIC Code **7658**

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 PO Box 466
City **Little Compton** State **RI** Zip **02837**

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

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

Treasurer Name
Laura M. Harnedy
Street Address
26 Indian Rd. PO Box 466
City **Little Compton** 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 PO Box 466
City **Little Compton** State **RI** Zip **02837**

Director Name
Laura M. Harnedy
Street Address
26 Indian Rd. PO Box 466
City **Little Compton** State **RI** Zip **02837**

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

400 SHS NO PAR VALUE

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



File Date: **Mar 1, 99**

Check No.: **562**

By: **JD**

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.

Laura M. Harnedy **2-20-99**
Signature of Officer Date

Laura M. Harnedy
Print or Type Name of Officer
Vice President

Title of Officer