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
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

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.* 401-438-4069

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)*

President Name Francis R. Harnedy
Street Address 14 Ellis St
City Rumford, *State* R.I. *Zip* 02916

Vice President Name Laura M. Harnedy
Street Address 14 Ellis St
City Rumford, *State* R.I. *Zip* 02916

Secretary Name Laura M. Harnedy
Strect Address 14 Ellis St
City Rumford, *State* R.I. *Zip* 02916

Treasurer Name Laura M. Harnedy
Street Address 14 Ellis St
City Rumford, *State* R.I. *Zip* 02916

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name Francis R. Harnedy
Street Address 14 Ellis St
City Rumford, *State* R.I. *Zip* 02916

Director Name Laura M. Harnedy
Street Address 14 Ellis St
City Rumford, *State* R.I. *Zip* 02916

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
4,000 SHS	**NO PAR VALUE**		400 shs	common	No Par Value

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

* 7 0 3 1 4 *

File Date: 2-13-97

Check No.: 8539

By: CP / SC

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 2/6/97
Signature of Officer *Date*

Laura M. Harnedy
Print or Type Name of Officer

Vice President
Title of Officer