

PROFIT CORPORATION
ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 70314 2. NAME OF CORPORATION HUNT'S MILLS, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 14 Ellis Street CITY Rumford, STATE RI ZIP CODE 02916-1908
4. BUSINESS PHONE NO. 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

PRESIDENT NAME	VICE PRESIDENT NAME
Francis R. Harnedy	Laura M. Harnedy
STREET ADDRESS	STREET ADDRESS
14 Ellis St	14 Ellis St
CITY STATE ZIP CODE	CITY STATE ZIP CODE
Rumford, RI 02916	Rumford, RI 02916
SECRETARY NAME	TREASURER NAME
Laura M. Harnedy	Laura M. Harnedy
STREET ADDRESS	STREET ADDRESS
14 Ellis St	14 Ellis St
CITY STATE ZIP CODE	CITY STATE ZIP CODE
Rumford, RI 02916	Rumford, RI 02916

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
Francis R. Harnedy	Laura M. Harnedy
STREET ADDRESS	STREET ADDRESS
14 Ellis St	14 Ellis St
CITY STATE ZIP CODE	CITY STATE ZIP CODE
Rumford, RI 02916	Rumford, RI 02916
DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
4,000 SHS NO PAR VALUE			400sh	no par	

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Laura M. Harnedy
Signature of Officer

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

Vice President 3-15-96
Title of Officer Date

File Date:

Check No:

By:

For Secretary of State Use Only