

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010 401.222.30Filing 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(ebd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 154 699  2. Name of Corporation JPH Huldin 65					
3. Street Address Principal Business Office 670 Smith Street			Providence	State RI	02908
4 Business Phone No. 5. State of Incomposition 1401 - 351 - 9480			TELOUIS	.1	1 02 .0 8
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS					
JUHN P. HEATherton			VICE President Name HERRY DEMATTERS TR		
Street Address 21 Tharcher Street			Sirect Address 71 Elmhurst Avenue		
CHy Zip			City State Zip		
EAST Voucler	1	02916	Cranston Treasurer Name	l RI	02920
Street Address			Sirver Address		
21 Thatcher ST.			21 Thatcher street		
Run Ferd	State 12 I	D2916	City Rumferd	State R 5	02916
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR ATT	CHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address			Street Address		
			-9(1) 700(1)		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Спу	State	Zip
9. SHARES AUTHORIZED	_		10. SHARPS ISSUED ("Y"	ROY FOR ATTACHMI	EATT I
800 \$10.01 Par VALLE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			NONE		
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
The state of the corporation of the corporation of the receiver of thistee.					
Under penalty of perjury, I declare and affirm that I have examined thi including any accompanying schedules and statements, and that all statements are the statements.					
File Date		contained herein are true	contained herein are true articorrect.		
NOV 2 5		Signature	11	Date	
Check No. By 10L	1724		Philadhype Name		
BV.	TE HES ONLY		True Signer	Jent	
FOR SECRETARY OF STA	ALE USE ONLY		Title Form 630 Rev. 08/08		