

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing 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(c&d)) is

1. Corporate ID No. 17143	2. Name of Cor The Hitchin	ng Post, Inc.			
3. Street Address Principal Business Office 5402 Post Road			City Charlestown	State RI	<i>Zip</i> 02813
4. Business Phone No. (401)364-7495		5. State of Incorporation Rhode Island			
. Brief Description of the Chara RESTAURANT AND FO		cted in Rhode Island			
7. NAMES AND ADDRES President Name	SES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) TILL IN	SPACES BEFORE USING	ATTACHMENTS
Jerry I. Duhamel, Sr.			Jerry I. Duhamel, Jr.		
Street Address 5402 Post Road			Street Address Foster Drive		
ony Charlestown	State RI	^{Zip} 02813	City Charlestown	State RI	^{Zip} 02813
Secretary Name Tammy McLellan		Treasurer Name Jerry I. Duhamel, Sr.			
Street Address 70 Wildflower Road			Street Address 5402 Post Road		
City Charlestown	State RI	^{Zip} 02813	City Charlestown	State RI	^{Zip} 02813
	SES OF THE DIRI	ECTORS: ("X" BOX FOR AT	·	N SPACES BEFORE USIN	G ATTACHMENTS
Director Name Jerry I. Duhamel, Sr.			Director Name		
Street Address		Street Address			
i402 Post Road	State	Zip	City	State	Zip
Charlestown	RI	02813			
Director Name			Director Name		
Street Address			Street Address		
шу	State	Zip	City	State	Zip
. SHARES AUTHORIZE	D I	1		("X" BOX FOR ATTAC	- -
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par
mstruction sheet.					
Chic report must be even	uted on behalf of t	he corporation by an authoriz	ed representative. If the	corporation is in the hand	s of a receiver or truster
		e corporation by the receiver		· · · · · · · · · · · · · · · · · · ·	
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			Under penalty of	perjury, I declare and affirm	that I have examined this re
				ompanying schedules and stare true and correct.	atements, and that all states
File DateFILI	ED		(A a	1. Duhran	16 1/18/
EED o	7 1011		Signature	y - uguna	Date
Check No. ILD	10110		<u> Jerry I. Dúh</u>		. .
	WTTT	i	Print or Type Name	e	
By: BY	7/0	_ _	President		