

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

1. Corporate ID No. 114062	<u></u>	2. Name of Corporation H.H. Corporation				
3. Street Address Principal Business Office 111 WASHINGTON STREET			NEWPORT	State RHODE ISLAND	Zip 02840	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND			•			
 Brief Description of the Ch. To develope and man 	aracter of Business Conducted in Rh nage real estate	oode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name WILLIAM J. FITZPATRICK			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name STEPHEN P. OSTIGUY			
Street Address 111 WASHINGTON STREET			Street Address 111 WASHINGTON STREET			
City NEWPORT	State RHODE ISLAND	zւր 0284 0	NEWPORT	State RHODE ISLAND	^{Zip} 02840	
Secretary Name CHRISTINE J. MURPHY			Treasurer Name STEPHEN P. OSTIGUY			
Street Address 111 WASHINGTON STREET			Street Address 111 WASHINGTON STREET			
Olty NEWPORT	State RHODE ISLAND		City NEWPORT	State RHODE ISLAND	<i>zip</i> 0284 0	
B. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name WILLIAM J. FITZPATRICK			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name CHRISTINE J. MURPHY			
Street Address 111 WASHINGTON STREET			Street Address 111 WASHINGTON STREET			
City NEWPORT Director Name	State RHODE ISLAND	<i>Zip</i> 02840	City NEWPORT Director Name	State RHODE ISLAND	<i>Zip</i> 02840	
STEPHEN P. OSTIGUY			NONE			
Street Address 111 WASHINGTON STREET			Street Address NONE			
City NEWPORT SHARES AUTHORIZ	State RHODE ISLAND	^{Ζίρ} 02840	City NONE	State NONE	Zip NONE	
. SHARES RUTHORIZ		÷		("X" BOX FOR ATTACHME CTION MUST BE COMPLETED	NT)	
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	
			200	COMMON	NO PAR VALUE	
			·		l	
his report must be execusive report must be execusive.	cuted on behalf of the corporated on behalf of the corpor	ration by an authorize ation by the receiver o	d representative. If the cor trustee.	corporation is in the hands of a	receiver or trustee,	

File Date	FLED
Check No.	FEB 1 1 2011
By: BY_	2200
. 1	FOR SECRETARY OF STATE USE ONLY

ncluding any accompanying schedules and contained herein are true, and correct.	
A CONTROL OF THE CONT	1-19-2011
lynature	Date
Stephen P. Ostiguy	
Print or Type Name	
Vice-President	
Title	