

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

| subject to a penalty fee of \$25.00 |) | | | | - (, |
|--|----------------------------------|--|--|--|-------------------------|
| 1. Corporate ID No. 156611 | 2. Name of Corporation MMH Corp. | | | | _ |
| 3. Street Address Principal Business Office 50 WASHINGTON SQUARE | | | NEWPORT | State RHODE ISLAND | ^{Zip} 02840 |
| 4. Business Phone No. 401 846-5114 | | 5. State of Incorporation RHODE ISLAND | | | |
| To engage in the real es | ses of the officers: | vithout limitations buvi | ng, selling, constructing, CHMENT) FILL IN SE Vice President Name ROBERT M. SABEL Street Address | owning, dealing, developing | g and rehabilitation |
| 50 WASHINGTON SQUARE | | | 50 WASHINGTON SQUARE | | |
| NEWPORT | RHODE ISLAND | ^{Ζip} 02840 | City NEWPORT | State RHODE ISLAND | ^{Zip} 02840 |
| Secretary Name ROBERT M. SABEL | | | Treasurer Name JANE LUDER | | |
| Street Address 50 WASHINGTON SQUARE | | | Street Address 50 WASHINGTON SQUARE | | |
| City NEWPORT | State RHODE ISLAND | Zip 02840 | City NEWPORT | State RHODE ISLAND | ^{Zip} 02840 |
| Director Name CHARLOTTE A. YEO | | : ("X" BOX FOR ATT | ACHMENT) THE FILL IN SOUTH THE PROPERTY OF THE | SPACES BEFORE USING AT | TACHMENTS |
| Street Address 50 WASHINGTON SQUARE | | | Street Address 50 WASHINGTON SQUARE | | |
| City NEWPORT Director Name MARY NEWMAN | State RHODE ISLAND | Zip 02840 | City NEWPORT Director Name LYNNE MAHER | State RHODE ISLAND | Zip 02840 |
| Street Address 50 WASHINGTON SQUARE | | | Street Address 50 WASHINGTON SQUARE | | |
| City NEWPORT 9. SHARES AUTHORIZED | State RHODE ISLAND | ^{Zip} 02840 | NEWPORT | State RHODE ISLAND | 2ip 02840 |
| | · | | ISSUED SHARES — THIS SECT | "X" BOX FOR ATTACHME TION MUST BE COMPLETED | N±) □ |
| 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 | Pur Value |
| | | | 8,000 | COMMON | \$1.00 |
| Thi | . 1 1 10 2 2 | *** | | | |
| This report must be executhis report must be execut | ted on behalf of the corpo | ration by an authorized | d representative. If the cor | poration is in the hands of | a receiver or trustee |

this report must be executed on behalf of the corporation by the receiver or trustee.

| File Date FILED | .: |
|---------------------------------|-------------|
| Check No. FFB 1 1 2011 | |
| FOR SECRETARY OF STATE USE ONLY | |

| Under penalty of perjury, I declare and aff | irm that I have examined this report, |
|---|---------------------------------------|
| including any aesompanying schedules an | d statements, and that all statements |
| contained herein are true and correct. | / / |
| Jelen Wahr | 1/19/11 |
| Signature | I pate |
| Robert M. Sabel | 1 |
| Print or Type Name | |
| Vice-President | |
| Title | |
| | Easter 420 Day 00/00 |