



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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. 122251		2. Name of Corporation H. P. R. Co.					
3. Street Address Principal Business Office P. O. Box 1523		City East Greenwich	State RI	Zip 02818			
4. Business Phone No. 401-884-3895		5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Business Conducted in Rhode Island Interior and Exterior painting & restoration							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Jeffrey Lynch		Vice President Name Jeffrey Lynch					
Street Address P. O. Box 1523		Street Address P. O. Box 1523					
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818		
Secretary Name Jeffrey Lynch		Treasurer Name Jeffrey Lynch					
Street Address P. O. Box 1523		Street Address P. O. Box 1523					
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.					ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
					Number of Shares	Class/Series	Par Value
					120	Common	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.

FILED
MAR 01 2011

File Date _____
Check No. **By** mmc
By: 1095

FOR SECRETARY OF STATE USE ONLY

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

Signature
Jeffrey Lynch

Print or Type Name

President

Title