



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 2012**

**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. 14346		2. Name of Corporation HANKE, INC.		
3. Street Address Principal Business Office 35 NAYATT ROAD		City BARRINGTON	State RHODE ISLAND	Zip 02806
4. Business Phone No. 401-247-7074		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island IMPORT AND EXPORT OF PRODUCTS				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Hans L. Kuster		Vice President Name Ellen V. Kuster		
Street Address 35 Nayatt Road		Street Address 35 Nayatt Road		
City Barrington	State Rhode Island	Zip 02806	City Barrington	State Rhode Island
Secretary Name Hans L. Kuster		Treasurer Name Hans L. Kuster		
Street Address 35 Nayatt Road		Street Address 35 Nayatt Road		
City Barrington	State Rhode Island	Zip 02806	City Barrington	State Rhode Island
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Hans L. Kuster		Director Name None		
Street Address 35 Nayatt Road		Street Address		
City Barrington	State Rhode Island	Zip 02806	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 100	Class/Series Common	Par Value No Par Value

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CORPORATIONS DIV  
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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** 2009

FEB 27 2012

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.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

BY 02-164519

Signature: *Hans L. Kuster* Date: 2/9/12

Hans L. Kuster  
Print or Type Name  
President  
Title