



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 0022696		2. Exact name of the Corporation H P HOOD INC			
3. Principal office address Six Kimball Lane			City Lynnfield	State MA	Zip 01940
4. Business Phone No. 617 887-3000			5. State of Incorporation Nevada		
6. Brief description of the character of business conducted in Rhode Island Inactive					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	1.00

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 RECEIVED
 SECRETARY OF STATE
 DIVISION OF BUSINESS SERVICES

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.

File Date _____
 Check No _____
 By: _____

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 of Authorized Representative: *John D. Acheson* Date: 01/16/2013

FOR SECRETARY OF STATE USE ONLY

John D. Acheson
 Print or Type Name of Authorized Representative

1114
 JAN 2013
 02100340

HP Hood Inc.

List of Corporate Officers and Directors

<u>Office/Title</u>	<u>Name & Address</u>	<u>Date When Term Expires</u>
President	John A. Kaneb 6 Kimball Lane, Lynnfield, MA 01940	See Note A Below
CFO	Gary R Kaneb 6 Kimball Lane, Lynnfield, MA 01940	" "
Secretary	Paul C Nightingale 6 Kimball Lane, Lynnfield, MA 01940	" "
Treasurer	Theresa M. Bresten 6 Kimball Lane, Lynnfield, MA 01940	" "
Director 1	John A. Kaneb 6 Kimball Lane, Lynnfield, MA 01940	" "
Director 2	Gary Kaneb 6 Kimball Lane, Lynnfield, MA 01940	" "
Director 3	Stephen Kaneb 6 Kimball Lane, Lynnfield, MA 01940	" "

NOTE A: *Officers & Directors term does not expire until successors are elected and qualified.*