



**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 2008**

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. <b>0022696</b>		2. Exact name of the Corporation <b>H P HOOD INC</b>		
3. Principal office address <b>Six Kimball Lane</b>		City <b>Lynnfield</b>	State <b>MA</b>	Zip <b>01940</b>
4. Business Phone No. <b>617 887-3000</b>		5. State of Incorporation <b>Nevada</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Inactive</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>				
President Name		Vice-President Name		
Street Address		Street Address		
City	State	Zip	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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

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.

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

FOR SECRETARY OF STATE USE ONLY

**John D. Acheson**  
 Print or Type Name of Authorized Representative

114  
 JAN 16 2013  
 100340

**HP Hood Inc.**

**List of Corporate Officers and Directors**

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

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