



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 2013

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. 157003		2. Exact name of the Corporation AHH Corp.			
3. Principal office address 50 WASHINGTON SQUARE		City NEWPORT	State RI	Zip 02840	
4. Business Phone No. 401 846-5114		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island To develop and manage real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name ROBERT M. SABEL		Vice-President Name CHARLOTTE . YEOMANS			
Street Address 50 WASHINGTON SQUARE		Street Address 50 WASHINGTON SQUARE			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name MARJORIE E. JENSEN		Treasurer Name CHARLOTTE A. YEOMANS			
Street Address 50 WASHINGTON SQUARE		Street Address 50 WASHINGTON SQUARE			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name ROBERT M. SABEL		Director Name SUSAN REPLOGLE			
Street Address 50 WASHINGTON SQUARE		Street Address 50 WASHINGTON SQUARE			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name MARJORIE E. JENSEN		Director Name CHARLOTTE A. YEOMANS			
Street Address 50 WASHINGTON SQUARE		Street Address 50 WASHINGTON SQUARE			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
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	
		8,000	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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 30 2013

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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 _____ Date **1/23/13**

ROBERT M. SABEL - PRESIDENT

Print or Type Name of Authorized Representative