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.	2. Exact name of the Corporation
5652	MHF, INC.

3. Principal office address	City	State	Zip
7 MONKEY WRENCH LANE	BRISTOL	RI	02809

4. Business Phone No.	5. State of Incorporation
(401) 783-9716	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
TO OWN, OPERATE, AND MANAGE REAL ESTATE

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
HARRIET F. DWYER	KATHERINE F. SPARROW
Street Address: 7 MONKEY WRENCH LANE	Street Address: PO BOX 1242
City: BRISTOL, State: RI, Zip: 02809	City: BRISTOL, State: RI, Zip: 02809
Secretary Name: PAUL SILVA	Treasurer Name: KATHERINE F. SPARROW
Street Address: 674 HOPE STREET	Street Address: PO BOX 1242
City: BRISTOL, State: RI, Zip: 02809	City: BRISTOL, State: RI, Zip: 02809

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
HARRIET F. DWYER	KATHERINE F. SPARROW
Street Address: 7 MONKEY WRENCH LANE	Street Address: PO BOX 1242
City: BRISTOL, State: RI, Zip: 02809	City: BRISTOL, State: RI, Zip: 02809
Director Name: PAUL SILVA	Director Name:
Street Address: 674 HOPE STREET	Street Address:
City: BRISTOL, State: RI, Zip: 02809	City: , State: , Zip:

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
800	COMMON	.125

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.

FOR SECRETARY OF STATE USE ONLY
File Date: _____
Check No: _____
By: _____

FILED
FEB 2 8 2013
5787
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.

Harriet F. Dwyer — 1/2/2013
Signature of Authorized Representative — Date

HARRIET F. DWYER
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012