RALPH MORE State of	of Rhode Island and Pro Office of the Secreta		See: \$50.00
	Division Of Business 148 W. River St	reet	
Peretary of State	Providence RI 0290 (401) 222-304		
Foreign Business Corpora Annual Report	ation		
Filing Period: January 1 - March 1			
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee o	rs after the time prescribed by la		
ANNUAL REPORT YEAR: 2013			
1. Corporate ID No. <u>00048</u>	1596		
2. Name of Corporation <u>HHA</u>	Services, Inc.		
3. Street Address Principal Bus	siness Office:		
No. and Street:22622 HAICity or Town:ST. CLAIR	<u>RPER AVENUE</u> <u>R SHORES</u> Stat	e: <u>MI</u> Zip: <u>48080</u> Country: <u>I</u>	<u>USA</u>
4. Business Phone No.			
5. State of Incorporation			
State: <u>MI</u>			
6. Brief Description of the Cha	racter of Business Conducte	d in Rhode Island	
CONTRACT MANAGEMEN	T FOR PLANT OPERATIO	ONS AND MAINTENANCE	
7. Names and Addresses of the	e Officers and Directors:		
All officers and directors mu	ist be listed.		
Title	Individual Name	Address	
PRESIDENT	First, Middle, Last, Suffix DANIEL W. BOWEN	Address, City or Town, State, Zip Code, C 22622 HARPER AVENUE	Country
TREASURER	DIEGO ANTHONY SCAGLIONE	ST. CLAIR SHORES, MI 48080 USA 22622 HARPER AVENUE	
SECRETARY	SARAH H. MCCONNELL	ST. CLAIR SHORES, MI 48080 US/ 551 FIFTH AVE, STE 300 NEW YORK, NY 10176 USA	¥
DIRECTOR	HENRIK C. SLIPSAGER	551 FIFTH AVE, STE 300 NEW YORK, NY 10176 USA	

			Total Authorized Shares Number of Shares	Outstanding Num of Shares
CWP		\$1.0000	50,000.00	50000
individuals signing this institutions signatory, under penalties act and deed of the corpor electronic filing, in complia By <u>MICHELLE DONATO</u> Signature of Authorized <u>POA</u> Title	of perjury, that this in ation, and that the fac ance with R.I. Gen. La <u>0</u>	estrument is that indivists stated herein are the two series of the stated herein are the two series of the state of the s	idual's act and d	eed or the
This report cannot be a listed in section 7.	ccepted for filing if an	officer has executed	the form and he/s	she is not