RI SOS Filing Number: 201435465730 Date: 02/06/2014 4:00 PM

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 2014

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
558201	DDH, INC.

3. Principal office address	City	State	Zip
336 MAIN STREET	WAKEFIELD	RI	02879

4. Business Phone No.	5. State of Incorporation
(401) 789-1037	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
INVESTMENT HOLDING COMPANY

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

President Name	Vice-President Name
GWEN B. BAUER	NONE
Street Address: C/O MARKARIAN & MEEHAN, LTD. 336 MAIN STREET	Street Address
City: WAKEFIELD, State: RI, Zip: 02879	City, State, Zip
Secretary Name: NONE	Treasurer Name: THOMAS W. MARKARIAN
Street Address	Street Address: 336 MAIN STREET
City, State, Zip	City: WAKEFIELD, State: RI, Zip: 02879

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

Director Name	Director Name
DAVID M. SIWICKI	NONE
Street Address: C/O MARKARIAN & MEEHAN, LTD. 336 MAIN STREET	Street Address
City: WAKEFIELD, State: RI, Zip: 02879	City, State, Zip
Director Name: NONE	Director Name: NONE
Street Address	Street Address
City, State, Zip	City, State, Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100,000	COMMON	NO PAR VALUE

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 _____ FILED
Check No _____
By: _____ FEB 11 2014
FOR SECRETARY OF STATE USE ONLY BY 1079

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.

Thomas W. Markarian 2/6/2014
Signature of Authorized Representative / Date

THOMAS W. MARKARIAN, TREASURER
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
102714-16-942637