

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

3 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.		me of the Corporation					
126608	RHPH,	INC.					
3. Principal office address 2 Woodbine Lane	e c/o Paula A. Hughes		City Exeter	State RI	Zip 02822		
4. Business Phone No. 401-295-7469			5. State of Incorporation Rhode Island				
6. Brief description of the To sell retail clothi		s conducted in Rhode Islan ories	d				
7. LIST ALL OFFICERS	(NAMES AND ADD)	ESSES EXCEDINA	inkeiment e		en e		
President Name Paula A. Hughes			Vice-President Name Robert N. Hughes				
treet Address 2 Woodbine Lane			Street Address 2 Woodbine Lane				
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822		
Secretary Name Patricia A. Cunnin	cretary Name atricia A. Cunningham			Treasurer Name Paula A. Hughes			
treet Address 2 Woodbine Lane			Street Address 2 Woodbine Lane				
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822		
	(NAMES AND ADI	(RESSES) (CX BOX FOR	ATTACHMENT)	leving process as a process.	and the state of		
Director Name Paula A. Hughes			Director Name Robert N. Hughes				
Street Address 2 Woodbine Lane	1111		Street Address 2 Woodbine La	nne			
city Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822		
irector Name		4	Director Name				
treet Address			Street Address				
ity	State	Zip	City	State	Zip		
SHARES AUTHORIZE)		10, SHARES ISSUE	D ("X" BOX FOR ATTAC	HMENT)		
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE			
		100	common	\$1.00			
This report must be execu	ited on behalf of the	corporation by an authorize	d representative. If the	corporation is in the hand	ds of a receiver or truste		
	this report mu	st be executed on behalf of	Under penalty of p	erjury, I declare and aff			
File Date			this report, includi	ng any accompanying s	schedules and stateme		

File Date Check No.	FILED	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.		
By:	EER 1 1 2014	Signature of Authorized Representative	Date	
FOR SECRETARY OF STATE USE ONLY	LEB 1 1 COLA	Paula A. Hughes, President	Duio	
		, and , a ring rive; restaunt		
Form No. 630	5316	Print or Type Name of Authorized Representative		
Revised: 01/2012				