

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1 subject to a penalty fee of \$25.00.	501(e), each corporation fa	iling or refusing to file its ann	ual report within thirty (30) days after	er the time prescribed by law	(R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 114062	2. Name of Corporation H.H. CORPORA	TION				
3. Street Address Principal Business O 111 WASHINGTON STR			NEWPORT	RI 2ip 02840		
4. Business Phone No. 401 846-5114 5. State of Incorporation RHODE ISLAND						
6. Brief Description of the Character of To develop and manage rea	l estate					
President Name WILLIAM J. FITZPATRICK			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name STEPHEN P. OSTIGUY			
treet Address 111 WASHINGTON STREET			Street Address 111 WASHINGTON STREET			
City NEWPORT	State RI	^{Zip} 02840	City NEWPORT	State RI	^{Zip} 02840	
Secretary Name CHRISTINE J. MURPHY				GUY		
Street Address 111 WASHINGTON STRE	EET	•	Street Address 111 WASHINGTON STREET			
City NEWPORT	State RI	^{Ζφ} 02840	City NEWPORT	State RI	^{Zip} 02840	
8. NAMES AND ADDRESSES Director Name WILLIAM J. FITZPATRICI	a vara	: ("X" BOX FOR ATT	ACHMENT) TILL IN SPA Director Name CHRISTINE J. MURPH	• •	ATTACHMENTS	
Street Address 111 WASHINGTON STREET			Street Address 111 WASHINGTON STREET			
City NEWPORT	State RI	^{Zip} 02840	City NEWPORT	State RI	<i>zip</i> 02840	
rector Name TEPHEN P. OSTIGUY			Director Name NONE			
Street Address 111 WASHINGTON STRE	ET		Street Address NONE			
NEWPORT	State RI	<i>zւր</i> 02840	NONE	State NONE	NONE	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X ISSUED SHARES — THIS SECTION		MENT) [
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 200	Class/Series COMMON	NO PAR VALUE		
This report must be executed of this report must be executed of			or trustee.		of a receiver or trustee,	

	FILED	Under penalty of perjury, I declare and affir including any agrompanying schedules and	m that I have examined this report, statements, and that all statements
File Date	MAR 1 8 2015	contained herein are true and correct. Signature	3/10/15 Date
Check No	003924	STEPHEN P. OSTIGUY	
By:FOR SECRETARY OF STATE USE ONLY		Print or Type Name VICE-PRESIDENT	
FOR SECRETARY OF STATE USE UNLY		Title	Form 630 Pey 08/08