



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 2016

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. 114062		2. Exact name of the Corporation H.H CORPORATION			
3. Principal office address 111 WASHINGTON STREET		City NEWPORT	State RI	Zip 02840	
4. Business Phone No. (401) 846-5114		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island T develop and manage real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name WILLIAM J. FITZPATRICK			Vice-President Name STEPHEN P. OSTIGUY		
Street 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			Treasurer Name STEPHEN P. OSTIGUY		
Street Address 111 WASHINGTON STREET			Street Address 111 WASHINGTON STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name WILLIAM J. FITZPATRICK			Director Name CHRISTINE J. MURPHY		
Street Address 111 WASHINGTON STREET			Street Address 111 WASHINGTON STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name STEPHEN P. OSTIGUY			Director Name NONE		
Street Address 111 WASHINGTON STREET			Street Address NONE		
City NEWPORT	State RI	Zip 02840	City NONE	State NONE	Zip NONE
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
			200	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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 29 2016

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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.

 1/24/16
Signature of Authorized Representative Date

STEPHEN P. OSTIGUY

Print or Type Name of Authorized Representative