



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. 41417		2. Exact name of the Corporation Hana Group, Inc.	
3. Principal office address 10 No Bottom Ridge		City Westerly	State RI
		Zip 02891	
4. Business Phone No. 401-315-0050		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Real Estate			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Julie L. Wolman		Vice-President Name Meredyth A. Klotz	
Street Address 50 Stoneham Drive		Street Address 136 Chestnut Street	
City West Hartford	State CT.	City Florence	State MA
		Zip 06117	
Secretary Name Hilary Steinman		Treasurer Name Hilary Steinman	
Street Address 115 W. 86 th Street		Street Address 115 W. 86 th Street	
City New York	State NY	City New York	State NY
		Zip 10024	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Julie L. Wolman		Director Name Hilary Steinman	
Street Address 50 Stoneham Drive		Street Address 115 W. 86 th Street	
City West Hartford	State CT	City New York	State NY
		Zip 10024	
Director Name Meredyth A. Klotz		Director Name	
Street Address 136 Chestnut Street		Street Address	
City Florence	State MA	City	State
		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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
		1000	Common
		PAR VALUE	-0-

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

MAR 31 2016

BY

KL 2254

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.

Signature of Authorized Representative _____ Date _____
 Julie L. Wolman, President
 Print or Type Name of Authorized Representative