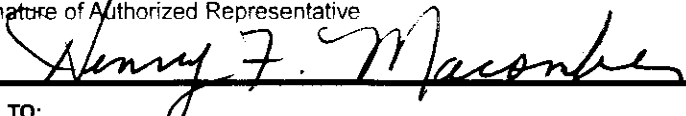




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 92816		2. Exact name of the Corporation H & H RESTAURANT CORPORATION			
3. Principal Office Address 380 Evergreen Street		City Pawtucket		State RI	Zip 02861
4. NAICS Code 72		6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A RESTAURANT BUSINESS.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HENRY F. MACOMBER			Vice-President Name HEATHER L. MACOMBER		
Street Address 380 Evergreen Street			Street Address 380 Evergreen Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name HENRY F. MACOMBER			Treasurer Name HEATHER L. MACOMBER		
Street Address 380 Evergreen Street			Street Address 380 Evergreen Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HENRY F. MACOMBER			Director Name HEATHER L. MACOMBER		
Street Address 380 Evergreen Street			Street Address 380 Evergreen Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			No Par Value		
11. 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. 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.					
Name of Authorized Representative HENRY F. MACOMBER					Date February 27, 2017
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 03 2017

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FORM 630 - Revised: 10/2016