



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 114062		2. Exact name of the Corporation H.H. Corporation			
3. Principal Office Address 111 WASHINGTON STREET			City NEWPORT	State RI	Zip 02840
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island To develop and manage real estate			
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 WILLIAM J. FITZPATRICK			Vice-President Name STEPHEN P. OSTIGUY		
Street Address 111 WASHINGTON STREET			Street Address 111 WASHINGTON SQUARE		
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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
			200	COMMON	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 STEPHEN P. OSTIGUY				Date 2/16/2017	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED MAR 06 2017 9890 BY	

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