



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

STAMP

Annual Report for the year: 2018

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 112459 | | 2. Exact name of the Corporation H.A.D.C. INC | | | |
| 3. Principal Office Address 85 WHIPPLE STREET | | | City PROVIDENCE | State RI | Zip 02908 |
| 4. NAICS Code 423940 | | 6. Brief description of the character of business conducted in Rhode Island CONTRACT PACKAGING & DISTRIBUTION SERVICES | | | |
| 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 JEFFREY A BURLEY | | | Vice-President Name ENI TILI | | |
| Street Address 85 WHIPPLE STREET | | | Street Address 85 WHIPPLE STREET | | |
| City PROVIDENCE | State RI | Zip 02908 | City PROVIDENCE | State RI | Zip 02908 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name SAME AS #7 | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 10 | COMMON | NO PAR | |
| 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 ENI TILI | | | | | Date 01-18-2018 |
| Signature of Authorized Representative <i>Eni Tili</i> | | | SIGN DOCUMENT HERE | | |

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

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JAN 31 2018
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