



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

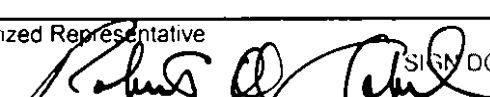
Annual Report for the year: **2018**
Corporation

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→ 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 156611		2. Exact name of the Corporation MMH Corp.												
3. Principal Office Address 50 WASHINGTON SQUARE			City NEWPORT	State RI	Zip 02840									
4. NAICS Code 531120	6. Brief description of the character of business conducted in Rhode Island To engage in the real estate business including without limitations, buying, selling, constructing, owning, dealing, developing and rehabilitation of housing and real estate primary for low and moderate													
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 FLORENCE ARCHAMBAULT			Vice-President Name NONE											
Street Address 29 FREEBORN STREET			Street Address NONE											
City NEWPORT	State RI	Zip 02840	City NONE	State NONE	Zip NONE									
Secretary Name ROBERT M. SABEL			Treasurer Name JANE LUDER											
Street Address 50 WASHINGTON SQUARE			Street Address 17 HEALTH 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 FLORENCE ARCHAMBAULT			Director Name BARBARA BENSON											
Street Address 29 FREEBORN STREET			Street Address 50 WASHINGTON SQUARE											
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840									
Director Name ROBERT M. SABEL			Director Name JANE LUDER											
Street Address 50 WASHINGTON SQUARE			Street Address 17 HEALTH STREET											
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>8,000</td> <td>COMMON</td> <td>\$1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	8,000	COMMON	\$1.00			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
8,000	COMMON	\$1.00												
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 ROBERT M. SABEL				Date 2/14/2018										
Signature of Authorized Representative  SIGN DOCUMENT HERE														

FILED

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 01 2018
BY 2886 DS FORM 630 - Revised: 10/2017