

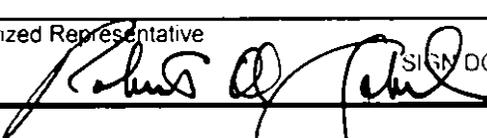


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STANDARD

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 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VAL.
		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