RI SOS Filing	Number: 2018	371815010	Date: 7/6/2	2018 2:38:00 PM	1	
State of Rhode Island an Department of Sta			vision			SECEIV ORATII
Annual Report for the ye Corporation	ear: 201	7				PR 2:
 → Filing period: January 1 - N → Filing Fee: \$50.00 → Penalty: Additional \$25.00 f 		lod by April 1				<u> </u>
1. Entity ID Number		f the Corporation				
647213	HTT		e prise	es, Inc	,	
3. Principal Office Address 28 C 1	ARKE S	Treet	City Jan	MesTown	State AT	02835
4. NAICS Code 72 a 5 1] 5. State of Incorporation		on of the character	of business c	onducted in Rhode Isla	and	
RI						
7. List ALL officers (names and ad President Name	dresses)		Mica Procident		e box to ind	licate an attachment
Henry R. TARBOX 111			Vice-President Name HEARY R. TARBOX 111			
Street Address 28 CLANKE ST			Street Address 28 CLACKE ST			
City James Town	State	02835	City	nestown	State	Zip 02835
Secretary Name	box 111		Treasurer Nam	ne	arbox	(111
Street Address			Street Address	EDAY R. J	•	
City _ Z& Charke	J7 State	Zip _	City _	8 CHEROS	State	Zip
Jamestown	State	02835		Mestoun	RT	71835
	4.4			Check th	e box to inc	dicate an attachment 🔲
8. List ALL directors (names and a Director Name	iddresses)		Director Name			
Director Name HORY R TAR Street Address	boxill		Director Name Street Address			
Director Name HORY R. TAR Street Address 28 Clarke	box III	171	Street Address		Istata	Izio
Director Name HORY R TAR Street Address	boxill	Zip 02835			State	Zip
Director Name HORY R. TAR Street Address 28 CLARKE City	box 111	^{Zip} 02835	Street Address	•	State	Zip
Director Name Henry R. Tar Street Address 28 Clarke City James Town	box 111	Zip 02835	Street Address		State	Zip
Director Name HORY R. TAR Street Address 28 CLARKE City James Town Director Name	box 111	Zip 02835	Street Address City Director Name		State	Zip
Director Name HORY R. TAR Street Address City Director Name Street Address City 9. Shares Authorized	ST State	Zip 10. Shares Issue	Street Address City Director Name Street Address City	Check th	State	Zip licate an attachment
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Director Name HORY R. TAR Street Address City Director Name Street Address City 9. Shares Authorized	State State	Zip 10. Shares Issue	Street Address City Director Name Street Address City d	Check th	State	Zip licate an attachment
Street Address City Director Name City Street Address City 9. Shares Authorized This Information is currently of record Department of State. Changes require an additional filling	State State State State State On behalf of the core	Zip 10. Shares Issue NUMBER OF SI	Street Address City Director Name Street Address City d MARES	Check the CLASS/SERILES Common	State e box to ind	Zip licate an attachment PAR VALUE No Par Value
Street Address City Director Name City Street Address City 9. Shares Authorized This Information is currently of record Department of State. Changes require an additional filling 11. This report must be executed of trustee, this report must be executed Under penalty of perjury, I declar	State State State State On behalf of the conted on behalf of the care and affirm that	Zip 10. Shares Issue NUMBER OF SI To poration by an aut a corporation by the I have examined	City Director Name Street Address City d wres horized represe receiver or tr	Check the corporate sentative. If the corporate sets	State e box to ind	Zip licate an attachment PAR VALUE OO PAR VALUE e hands of a receiver or
Director Name HORY R TAR Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of reco Department of State. Changes require an additional filling 11. This report must be executed of trustee, this report must be executed.	State State State On behalf of the corled on behalf of the care and affirm that the contained hearts contained hearts.	Zip 10. Shares Issue NUMBER OF SI To poration by an aut a corporation by the I have examined	City Director Name Street Address City d wres horized represe receiver or tr	Check the corporate sentative. If the corporate sets	State e box to incoming the state of the sta	Zip licate an attachment PAR VALUE PAR VA
Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of record Department of State. Changes require an additional filling 11. This report must be executed of trustee, this report must be executed trustee, and that all statements, and that all statements where the property of the property	State State State State On behalf of the conted on behalf of the are and affirm that the tree and affirm that the tree we will be tree and the tree t	Zip 10. Shares Issue NUMBER OF SH rporation by an aut e corporation by the t I have examined rein are true and	City Director Name Street Address City d takes horized represe receiver or tr this report, in	Check the corporate sentative. If the corporate sets	State e box to incoming the state of the sta	Zip licate an attachment PAR VALUE OO PAR VALUE e hands of a receiver or
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FORM 630 - Revised: 10/2017

Phone: (401) 222-3040

Website: www.sos.ri.gov