



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

Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 26 2020

5068

1. Entity ID Number 58030		2. Exact name of the Corporation HMH, INC.			
3. Principal Office Address 256 Great Island Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To own and lease real estate.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert J. Mitchell			Vice-President Name None		
Street Address 21 Dendron Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Patricia Mitchell			Treasurer Name Robert J. Mitchell		
Street Address 21 Dendron Road			Street Address 21 Dendron Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert J. Mitchell			Director Name Patricia Mitchell		
Street Address 21 Dendron Road			Street Address 21 Dendron Road		
City Wakfield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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		
			300		
			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 Robert J. Mitchell				Date 3/MARCH 2021, 2020	
Signature of Authorized Representative <i>Robert J. Mitchell</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