



State of Rhode Island
Department of State - Business Services Division

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

Annual Report for the year: 2021
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 HEATH 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 HEATH 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 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 1/22/2021
Signature of Authorized Representative 			

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

FILED
 FEB 10 2021
 BY 003765 KM