



State of Rhode Island

Department of State - Business Services Division

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.

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|--|-------------|--|---|---------------------------|---------------------------|
| 1. Entity ID Number 92816 | | 2. Exact name of the Corporation H & H RESTAURANT CORPORATION | | | |
| 3. Principal Office Address 380 Evergreen Street | | | City Pawtucket | State RI | Zip 02861 |
| 4. NAICS Code 722513 | | 6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A RESTAURANT BUSINESS. | | | |
| 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 HENRY F. MACOMBER | | | Vice-President Name HEATHER L. MACOMBER | | |
| Street Address 380 Evergreen Street | | | Street Address 380 Evergreen Street | | |
| City Pawtucket | State RI | Zip 02861 | City Pawtucket | State RI | Zip 02861 |
| Secretary Name HENRY F. MACOMBER | | | Treasurer Name HEATHER L. MACOMBER | | |
| Street Address 380 Evergreen Street | | | Street Address 380 Evergreen Street | | |
| City Pawtucket | State RI | Zip 02861 | City Pawtucket | State RI | Zip 02861 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name HENRY F. MACOMBER | | | Director Name HEATHER L. MACOMBER | | |
| Street Address 380 Evergreen Street | | | Street Address 380 Evergreen Street | | |
| City Pawtucket | State RI | Zip 02861 | City Pawtucket | State RI | Zip 02861 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 301 | CLASS/SERIES Common | PAR VALUE No Par Value |
| 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 HENRY F. MACOMBER | | | | Date February 17, 2021 | |
| Signature of Authorized Representative <i>Henry F. Macomber</i> | | | | | |