RI SOS Filing Number: 202193426500 Date: 3/1/2021 2:43:00 PM State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Corporation

-> Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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→ Penalty: Additional \$25.00 fe		<u>~</u>						
Entity ID Number Exact name of the Corporation								
160433	HY	I.mc.						
3. Principal Office Address	•	/	City		State	Ž	ip	
38 ELM ST.	爱		NEW	BEDFIRD	MA	_	02740	
NAICS Code 6. Brief description of the character of business conducted in Rhode Island								
336612								
5. State of Incorporation								
RI	Doe	MIANT	con	IDANY				
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name			Vice-President Name					
Street Address			Street Address					
38 ELM ST.			38 ELM ST					
NEW BEDGED	State MA	^{Zip} 02740	City	J BEDARD	State		02710	
Secretary Name	Dorech		Treasurer Nam	ne			· /40	
Street Address Street Address			Street Address WINN WILLARD					
38 ELM	38 ELM ST.							
NEW RETABRED	State MA	02740	CITYNEW	BEDBRD	State		02749	
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name PETER .	J. VAN	LAIKKER	Director Name	JOHN H	Dev	NATE	<u> </u>	
Street Address 38 ELM 5T.			Street Address ELM S T					
City State Zip			City State Zip					
NEW BEDRORD MA 02740 Director Name			NEW BEDFOOD NA 02740					
CHARLES R. HUNT			WINN WILLARD					
Street Address			Street Address					
City State Zip			City State Zip					
NEW BEDFORD	MA	02740	NEW	BEDFORD	MA	+	02740	
9. Shares Authorized 265 This information is currently of record	000.00	10. Shares Issue		Check th	ne box to in		attachment R VALUE	
Department of State.		LDISSISERIES		\$ -				
Changes require an additional filing.	900,00	\sim		CWD		\$ O	10100	
onenges require an accumulation and				,	1			
11. This report must be executed or	behalf of the con	poration by an aut	horized repres	entative. If the corpora	ation is in th	ne 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 Date								
WINN KILLARS 2/25/2021								
Signature of Authorized Representative 1////								
///WW	1 MUU	1		M				
MAIL TO:								
Division of Business Services	12/2 24 02004 2024		MΔR	01 2021	41.12	•		

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY Ch D39K / 2.43

FORM 630 - Revised: 08/2020