



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

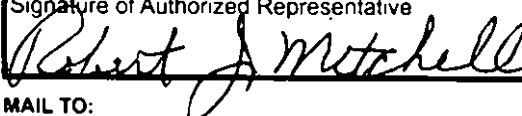
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 04 2023

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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 Rhode Island					
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 Robert J. Mitchell, Jr.		
Street Address 21 Dendron Road			Street Address 15 Congress Road		
City Wakefield	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
Secretary Name Patricia Mitchell			Treasurer Name Thomas Mitchell		
Street Address 21 Dendron Road			Street Address 17 Betony Road		
City Wakefield	State RI	Zip 02879	City Saunderstown	State RI	Zip 02874
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 Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 300	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 Robert J. Mitchell				Date 2/28/2023, 2023	
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

FORM 630 - Revised: 11/2021