

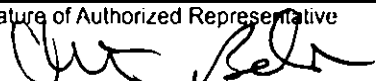


State of Rhode Island
Department of State - Business Services Division

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.

2023 MAY 15 PM 2:00
 RI DEPT OF STATE
 BUSINESS SERVICES DIV

1. Entity ID Number 157003		2. Exact name of the Corporation AHH 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 develop and manage 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 M. SABEL			Vice-President Name NONE		
Street Address 50 WASHINGTON SQUARE			Street Address NONE		
City NEWPORT	State RI	Zip 02840	City NONE	State NONE	Zip NONE
Secretary Name MARJORIE E. JENSEN			Treasurer Name MARJORIE E. JENSEN		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
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 ELIZABETH PHELPS			Director Name SUSAN BODINGTON		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name ROBERT M. SABEL			Director Name MARJORIE E/ JENSEN		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHONGTON SQUARE		
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 CHRISTIAN BELDEN				Date 2/20/2023	
Signature of Authorized Representative 				FILED MAY 15 2023	

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

BY AL 15206