



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

REC'D RI SOS BSO
24 MAY 1 PM 3:55:57

1. Entity ID Number 001742632		2. Exact name of the Corporation HHB of Cranston Inc.			
3. Principal Office Address 182 Spencer Avenue			City East Greenwich	State RI	Zip 02818
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Franchise			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin J. O'Shea			Vice-President Name Dustin D. DeBoer		
Street Address 620 Lagoon Dr.			Street Address 182 Spencer Avenue		
City Destin	State FL	Zip 32541	City East Greenwich	State RI	Zip 02818
Secretary Name Kevin J. O'Shea			Treasurer Name Douglas C. Stack		
Street Address 620 Lagoon Dr.			Street Address 182 Spencer Avenue		
City Destin	State FL	Zip 32541	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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/SERIALS		
			300	Common	\$0.01
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 Kevin J. O'Shea, President					Date 2-2-2024
Signature of Authorized Representative					

FILED

MAY 01 2024

BY

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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