



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 4222		2. Exact name of the Corporation Hiller Corp.								
3. Principal office address 26 Hiller Drive			City Seekonk	State MA	Zip 02771					
4. Business Phone No. (508) 761-7400			5. State of Incorporation Rhode Island							
6. Brief description of the character of business conducted in Rhode Island Manufacture, sales and construction of fences and access control systems.										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Eugene J. McGovern			Vice-President Name None							
Street Address 26 Hiller Drive			Street Address							
City Seekonk	State MA	Zip 02771	City	State	Zip					
Secretary Name Catherine D. McGovern			Treasurer Name Eugene J. McGovern							
Street Address 26 Hiller Drive			Street Address 26 Hiller Drive							
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Eugene J. McGovern			Director Name							
Street Address 26 Hiller Drive			Street Address							
City Seekonk	State MA	Zip 02771	City	State	Zip					
Director Name Catherine D. McGovern			Director Name							
Street Address 26 Hiller Drive			Street Address							
City Seekonk	State MA	Zip 02771	City	State	Zip					
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						334	Class A Common	No par value		
1,134	Class B Common	No par value								

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY BY

FILED
FEB 19 2013
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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.

Eugene J. McGovern 1/30/13
 Signature of Authorized Representative Date
Eugene J. McGovern, President
 Print or Type Name of Authorized Representative