

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90021 047 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F98000005026**

1. Corporation Name

**HALLMARK SWEET, INC.**

Principal Place of Business

ONE COOKSON PL.  
PROVIDENCE RI 02903

Mailing Address

ONE COOKSON PL.  
PROVIDENCE RI 02903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/04/1998**

4. FEI Number

**05-0401094**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	CONLEY, JOHN W	
STREET ADDRESS	ONE COOKSON PL.	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWERS, RICHARD V	
STREET ADDRESS	110 FRANK MOSSBERG DR.	
CITY-ST-ZIP	ATTLEBORO MA 02703	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD	
STREET ADDRESS	49 PEARL ST.	
CITY-ST-ZIP	ATTLEBORO MA 02703	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, RICHARD	
STREET ADDRESS	49 PEARL ST.	
CITY-ST-ZIP	ATTLEBOR MA 02703	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CAPRIO, FRANK T	
STREET ADDRESS	ONE COOKSON PL.	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DANIELS, STUART L	
STREET ADDRESS	ONE COOKSON PL.	
CITY-ST-ZIP	PROVIDENCE RI 02903	

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James E. Carr	
1.3 STREET ADDRESS	110 Frank Mossberg Drive	
1.4 CITY-ST-ZIP	Attleboro, MA 02703	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mark A. Dingley	
2.3 STREET ADDRESS	One Cookson Place	
2.4 CITY-ST-ZIP	Providence, RI 02903	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Fredric J. Hamerle	
3.3 STREET ADDRESS	110 Frank Mossberg Drive	
3.4 CITY-ST-ZIP	Attleboro, MA 02703	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Providencia Ortiz	
4.3 STREET ADDRESS	One Cookson Place	
4.4 CITY-ST-ZIP	Providence, RI 02903	
5.1 TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard H. Smith	
5.3 STREET ADDRESS	110 Frank Mossberg Drive	
5.4 CITY-ST-ZIP	Attleboro, MA 02703	
6.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	John H. Doherty	
6.3 STREET ADDRESS	One Cookson Place	
6.4 CITY-ST-ZIP	Providence, RI 02903	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark A. Dingley*

Mark A. Dingley, Secretary 1/20/99

401-521-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)