

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90064 010 \*\*\*150.00

**DOCUMENT # F98000005026**

1. Entity Name  
**HALLMARK SWEET, INC.**

Principal Place of Business

**ONE COOKSON PL.  
 PROVIDENCE RI 02903**

Mailing Address

**ONE COOKSON PL.  
 PROVIDENCE RI 02903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**05-0401094**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☒ Delete  
 NAME **CONLEY, JOHN W**  
 STREET ADDRESS **ONE COOKSON PL.**  
 CITY-ST-ZIP **PROVIDENCE RI 02903**

TITLE **DC** ☐ Change ☒ Addition  
 NAME **RICHARD V. POWERS**  
 STREET ADDRESS **ONE COOKSON PLACE**  
 CITY-ST-ZIP **PROVIDENCE, RI 02903**

TITLE **D** ☐ Delete  
 NAME **POWERS, RICHARD V**  
 STREET ADDRESS **110 FRANK MOSSBERG DR.**  
 CITY-ST-ZIP **ATTLEBORO MA 02703**

TITLE **DP** ☐ Change ☒ Addition  
 NAME **HOWARD KILGUS**  
 STREET ADDRESS **49 PEARL STREET**  
 CITY-ST-ZIP **ATTLEBORO, MA 02703**

TITLE **DR** ☒ Delete  
 NAME **SMITH, RICHARD**  
 STREET ADDRESS **49 PEARL ST.**  
 CITY-ST-ZIP **ATTLEBORO MA 02703**

TITLE **D VC** ☐ Change ☒ Addition  
 NAME **RICHARD H. SMITH**  
 STREET ADDRESS **49 PEARL STREET**  
 CITY-ST-ZIP **ATTLEBORO, MA 02703**

TITLE **V** ☐ Delete  
 NAME **CARR, JAMES E**  
 STREET ADDRESS **110 FRANK MOSSBERG DR**  
 CITY-ST-ZIP **ATTLEBOR MA 02703**

TITLE **T** ☐ Change ☒ Addition  
 NAME **THOMAS MURRAY**  
 STREET ADDRESS **ONE COOKSON PLACE**  
 CITY-ST-ZIP **PROVIDENCE, RI 02903**

TITLE **S** ☐ Delete  
 NAME **DINGLEY, MARK A**  
 STREET ADDRESS **ONE COOKSON PL.**  
 CITY-ST-ZIP **PROVIDENCE RI 02903**

TITLE **AS** ☐ Change ☒ Addition  
 NAME **PROVIDENCIA ORTIZ**  
 STREET ADDRESS **ONE COOKSON PLACE**  
 CITY-ST-ZIP **PROVIDENCE, RI 02903**

TITLE **V** ☐ Delete  
 NAME **HAMMERLE, FREDRIC J**  
 STREET ADDRESS **110 FRANK MOSSBERG DR**  
 CITY-ST-ZIP **ATTLEBORO MA 02703**

TITLE **AS** ☐ Change ☒ Addition  
 NAME **JO ELLEN OJEDA**  
 STREET ADDRESS **ONE COOKSON PLACE**  
 CITY-ST-ZIP **PROVIDENCE, RI 02903**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**JO ELLEN OJEDA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**401-521-1000**

CR2E034 (9/01)

Doc# F9800000 5026  
402280

**OFFICERS AND DIRECTORS OF**  
**HALLMARK SWEET, INC.**

**OFFICERS:**

Chairman, Richard V. Powers, One Cookson Place, Providence, RI 02903

President, Howard Kilgus, 49 Pearl Street, Attleboro, MA 02703

Vice Chairman, Richard H. Smith, 49 Pearl Street, Attleboro, MA 02703

Vice President, James E. Carr (Austin), 49 Pearl Street, Attleboro, MA 02703

Vice President, Fredric J. Hammerle, One Cookson Place, Providence, RI 02903

Treasurer, Thomas Murray, One Cookson Place, Providence, RI 02903

Secretary, Mark A. Dingley, One Cookson Place, Providence, RI 02903

Assistant Secretary, Providencia Ortiz, One Cookson Place, Providence, RI 02903

Assistant Secretary, Jo Ellen Ojeda, One Cookson Place, Providence, RI 02903

Assistant Treasurer, John Doherty, One Cookson Place, Providence, RI 02903

Assistant Treasurer, Mark J. Pechak, One Cookson Place, Providence, RI 02903

**DIRECTORS:**

Richard V. Powers, One Cookson Place, Providence, RI 02903

Richard H. Smith, 49 Pearl Street, Attleboro, MA 02703

Stuart L. Daniels, One Cookson Place, Providence, RI 02903

Howard Kilgus, 49 Pearl Street, Attleboro, MA 02703