

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005026

Entity Name: HALLMARK SWEET, INC.

FILED
Mar 08, 2006
Secretary of State

Current Principal Place of Business:

49 PEARL STREET
ATTLEBOROUGH, MA 02703

New Principal Place of Business:

Current Mailing Address:

ONE COOKSON PL.
PROVIDENCE, RI 02903

New Mailing Address:

ONE COOKSON PLACE
PROVIDENCE, RI 02903

FEI Number: 05-0401094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: POWERS, RICHARD V
Address: ONE COOKSON PL.
City-St-Zip: PROVIDENCE, RI 02903

Title: DVC () Delete
Name: SMITH, RICHARD H
Address: 49 PEARL STREET
City-St-Zip: ATTLEBOROUGH, MA 02703

Title: D () Delete
Name: DANIELS, STUART L
Address: ONE COOKSON PLACE
City-St-Zip: PROVIDENCE, RI 02903

Title: VPT () Delete
Name: CARR, JAMES E
Address: 49 PEARL STREET
City-St-Zip: ATTLEBOROUGH, MA 02703

Title: D () Delete
Name: DEMICHELE, LAWRENCE
Address: 49 PEARL STREET
City-St-Zip: ATTLEBOROUGH, MA 02703

Title: AS () Delete
Name: OJEDA, JO ELLEN
Address: ONE COOKSON PLACE
City-St-Zip: PROVIDENCE, RI 02903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCP (X) Change () Addition
Name: POWERS, RICHARD V
Address: 49 PEARL STREET
City-St-Zip: ATTLEBOROUGH, MA 02703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPAT (X) Change () Addition
Name: PECHAK, MARK J
Address: 49 PEARL STREET
City-St-Zip: ATTLEBOROUGH, MA 02703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO ELLEN OJEDA

AS

03/08/2006

Electronic Signature of Signing Officer or Director

Date