

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90059 001 \*\*\*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

4. FEI Number **05-0401094**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	POWERS, RICHARD	
STREET ADDRESS	ONE COOKSON PL.	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	D	<input checked="" 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	KLIGUS, HOWARD	
STREET ADDRESS	49 PEARL ST.	
CITY-ST-ZIP	ATTLEBORO MA 02703	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARR, JAMES E	
STREET ADDRESS	110 FRANK MOSSBERG DR	
CITY-ST-ZIP	ATTLEBOR MA 02703	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DINGLEY, MARK A	
STREET ADDRESS	ONE COOKSON PL.	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAMMERLE, FREDRIC J	
STREET ADDRESS	110 FRANK MOSSBERG DR	
CITY-ST-ZIP	ATTLEBORO MA 02703	

TITLE	Director & Vice Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard H. Smith	
STREET ADDRESS	One Cookson Place	
CITY-ST-ZIP	Providence, RI 02903	
TITLE	Director.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuart L. Daniels	
STREET ADDRESS	One Cookson Place	
CITY-ST-ZIP	Providence, RI 02903	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E. Carr	
STREET ADDRESS	49 Pearl Street	
CITY-ST-ZIP	Attleborough, MA 02703	
TITLE	Vice President & Asst. Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Pechak	
STREET ADDRESS	One Cookson Place	
CITY-ST-ZIP	Providence, RI 02903	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jo Ellen Ojeda	
STREET ADDRESS	One Cookson Place	
CITY-ST-ZIP	Providence, RI 02903	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Doherty	
STREET ADDRESS	One Cookson Place	
CITY-ST-ZIP	Providence, RI 02903	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

Date

401.521.1000

Daytime Phone #

CR2E034 (10/02)