



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 2014

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. 14033		2. Exact name of the Corporation Hale Realty Corporation			
3. Principal office address 9 Industrial Way		City Riverside	State RI	Zip 02915	
4. Business Phone No. 434-0300		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real Estate Holding Co.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Theodore W. Hale			Vice-President Name Elaine Hale		
Street Address 55 Appian Way			Street Address 55 Appian Way		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Kim A. Hale			Treasurer Name Theodore W. Hale		
Street Address 1 Bill Hill Rd.			Street Address 55 Appian Way		
City Old Lyme	State CT	Zip 06371	City Barrington	State RI	Zip 02806
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Theodore W. Hale			Director Name Elaine Hale		
Street Address 55 Appian Way			Street Address 55 Appian Way		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Kim A. Hale			Director Name Michael J. Stevens		
Street Address 1 Bill Hill Rd.			Street Address 9 Starbrook Dr.		
City Old Lyme	State CT	Zip 06371	City Barrington	State RI	Zip 02806
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			600 Comm 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

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.

Theodore W. Hale
Signature of Authorized Representative

Date

Theodore W. Hale
Print or Type Name of Authorized Representative

FILED
FEB 10 2014
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