



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

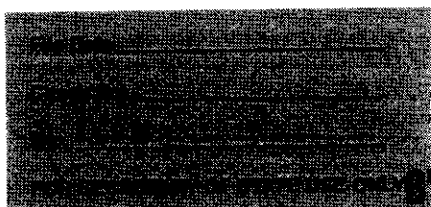
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 870013		2. Exact name of the Corporation H & N REALTY, INC.			
3. Principal office address 45 COHASSET LANE		City CRANSTON	State RI	Zip 02921	
4. Business Phone No. (401) 941-4766		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING FOR PROFIT					
OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)					
President Name HY LAY			Vice-President Name NAWEE HENG		
Street Address 45 COHASSET LANE			Street Address 194 BURNSIDE AVE		
City CRANSTON	State RI	Zip 02921	City SEEKONK	State MA	Zip 02771
Secretary Name NAWEE HENG			Treasurer Name HY LAY		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			200	COMMON	NO PAR

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.



FILED

MAR 18 2015

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.

Signature of Authorized Representative

Date

HY LAY, PRESIDENT

Print or Type Name of Authorized Representative