

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

2016 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

		This report must be ty LE THIS REPORT BY N			\$25.00 PEN	ALTY FEE.	
1. Entity ID No.		ne of the Corporation					
76405	Hermes	Investment Cor	poration				
3. Principal office address 105 Valley Street			City East Providenc	e e	State RI	Zip 02914	
4. Business Phone No. 401-886-7654	•	_	5. State of Incorporation Rhode Island				
6. Brief description of the cha TO MAKE LOANS A) .			
LIST ALL OFFICERS (N	AMES AND ADDE	ESSES) ("X" BOX FOR A	***************************************				
President Name Gregory G. Demetral	kas		Vice-President Name Gregory M. Demetrakas				
Street Address 105 Valley Street			Street Address 121 Gilbert Stu	art Drive	rive		
City East Providence	State RI	Zip 02914	City East Greenwich	h	State RI	Zip 02818	
Secretary Name Gregory G. Demetral	kas		Treasurer Name Gregory G. Der	metrakas			
Street Address 105 Valley Street			Street Address 105 Valley Stre	et			
City East Providence	State RI	Zip 02914	City East Providenc	e	State RI	Zip 02914	
LIST ALL DIRECTORS ()	VAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)				
Director Name Gregory G. Demetrak				Director Name None			
Street Address 105 Valley Street	,	,	Street Address				
Dity East Providence	State RI	Zip 02914	City		State	Zip	
Director Name None			Director Name None				
Street Address			Street Address				
Dity	State	Zip	City		State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUED) ("X" BOX	OR ATTACH	IMENT)	
			NUMBER OF SHARES	CLASS/SE		PAR VALUE	
his information is currently f State. Changes require a	n additional filing		8,000	8,000 Common \$1.00		\$1.00	
ee Section 9 of instruction	Sneet.						
This report must be executed	d on behalf of the o	corporation by an authorize at be executed on behalf of	ed representative. If the of the corporation by the re	corporation is eceiver or tru	s in the hands ustee.	of a receiver or trustee,	
File Date			this report, including	ng any acco	mpanying so	m that I have examined chedules and statements	
Check No	STORY NAMES	Fil	and that all stateme	ents contair	ied nerein ar	e true and correct.	

uno report must	De executed on benan or a	ie corporation by the receiver of trustee.				
File Date		Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and stateme and that all statements contained herein are true and correct.				
Check No.	FILED	Signature of Authorited Representative	1 19 Date			
FOR SECRETARY OF STATE USE ONLY	JAN 2 1 2016	Gregory G. Demetrakas				
Form No. 630 Revised: 01/2012	KL 2771	Print or Type Name of Authorized Representative				