



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 2016

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. 76405		2. Exact name of the Corporation Hermes Investment Corporation			
3. Principal office address 105 Valley Street			City East Providence	State RI	Zip 02914
4. Business Phone No. 401-886-7654			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island TO MAKE LOANS AND ADVANCES, BOTH SECURED AND UNSECURED.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Gregory G. Demetrakas			Vice-President Name Gregory M. Demetrakas		
Street Address 105 Valley Street			Street Address 121 Gilbert Stuart Drive		
City East Providence	State RI	Zip 02914	City East Greenwich	State RI	Zip 02818
Secretary Name Gregory G. Demetrakas			Treasurer Name Gregory G. Demetrakas		
Street Address 105 Valley Street			Street Address 105 Valley Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gregory G. Demetrakas			Director Name None		
Street Address 105 Valley Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			8,000	Common	\$1.00

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.

FILED

Gregory G. Demetrakas 1/19/16
 Signature of Authorized Representative Date

JAN 21 2016

Gregory G. Demetrakas
 Print or Type Name of Authorized Representative

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