



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. 40979		2. Exact name of the Corporation H.E.A. REALTY ASSOCIATES, INC.			
3. Principal office address 1478 Atwood Avenue Suite 211		City Johnston	State RI	Zip 02919	
4. Business Phone No. 401-453-2300		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island to own, hold, improve, develop and manage any and all real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Allen H. Cicchitelli			Vice-President Name Allen H. Cicchitelli		
Street Address 1478 Atwood Avenue Suite 211			Street Address 1478 Atwood Avenue Suite 211		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Allen H. Cicchitelli			Treasurer Name Allen H. Cicchitelli		
Street Address 1478 Atwood Avenue			Street Address 1478 Atwood Avenue Suite 211		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name None			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
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
			300	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.

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.

Allen H. Cicchitelli President 1-15-16
Signature of Authorized Representative Date

Allen H. Cicchitelli President

Print or Type Name of Authorized Representative

FILED

JAN 21 2016

W2141