



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000069325		2. Exact name of the Corporation ADD REALTY, INC.	
3. Principal Office Address 259 Mount Hope Street		City North Attleboro	State MA
		Zip 02760	
4. NAICS Code 55 - Management of Companies	6. Brief description of the character of business conducted in Rhode Island Ownership and management of real property.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Edward S. Hickey, Jr.		Vice-President Name Edward S. Hickey, Jr.	
Street Address 259 Mount Hope Street		Street Address 259 Mount Hope Street	
City North Attleboro	State MA	Zip 02760	City North Attleboro
			State MA
			Zip 02760
Secretary Name Edward S. Hickey, Jr.		Treasurer Name Edward S. Hickey, Jr.	
Street Address 259 Mount Hope Street		Street Address 259 Mount Hope Street	
City North Attleboro	State MA	Zip 02760	City North Attleboro
			State MA
			Zip 02760
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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 Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		1000	Common
			No Par Value
11. 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. 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.			
Name of Authorized Representative Edward S. Hickey, Jr., President		Date 2/15/2017	
Signature of Authorized Representative <i>Edward S. Hickey, Jr.</i> President FILE			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

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