State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
FEB 26 2018
BY 10160

Annual Report for the year: 2018

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	2. Exact name of the Corporation
000013560	H & F Realty Corp.

3. Principal Office Address	City	State	Zip
320 Woodland Road	Chestnut Hill	MA	02467

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531110	own, operate and manage residential rental property
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michael A. Rudman			Vice-President Name: none		
Street Address: 135 Lincoln Avenue			Street Address:		
City: Barrington	State: RI	Zip: 02806	City:	State:	Zip:
Secretary Name: Deborah D. Rudman			Treasurer Name: Deborah D. Rudman		
Street Address: 320 Woodland Road			Street Address: 320 Woodland Road		
City: Chestnut Hill	State: MA	Zip: 02467	City: Chestnut Hill	State: MA	Zip: 02467

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Deborah D. Rudman			Director Name: Michael A. Rudman		
Street Address: 320 Woodland Road			Street Address: 135 Lincoln Avenue		
City: Chestnut Hill	State: MA	Zip: 02467	City: Barrington	State: RI	Zip: 02806
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
60	common	no par

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	Date
Michael A. Rudman	1/6/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017