



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: **2020**  
Corporation

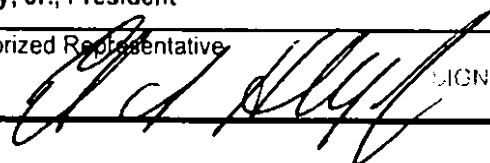
- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP  
FILED

JAN 22 2020

BY

1221 OS

1. Entity ID Number <b>000069325</b>		2. Exact name of the Corporation <b>ADD REALTY, INC.</b>			
3. Principal Office Address <b>259 Mount Hope Street</b>		City <b>North Attleboro</b>		State <b>MA</b>	Zip <b>02760</b>
4. NAICS Code <b>541611</b>		6. Brief description of the character of business conducted in Rhode Island <b>Ownership and management of real property.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Edward S. Hickey, Jr.</b>			Vice-President Name <b>Edward S. Hickey, Jr.</b>		
Street Address <b>259 Mount Hope Street</b>			Street Address <b>259 Mount Hope Street</b>		
City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>
Secretary Name <b>Edward S. Hickey, Jr.</b>			Treasurer Name <b>Edward S. Hickey, Jr.</b>		
Street Address <b>259 Mount Hope Street</b>			Street Address <b>259 Mount Hope Street</b>		
City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.		NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par Value</b>	
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 <b>Edward S. Hickey, Jr., President</b>					Date <b>10/23/2019</b>
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](http://www.sos.ri.gov)