RI SOS Filing Number: 202188111440 Date: 1/27/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

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

FILED
JAN 27 2021
BY 4293

1. Entity ID Number	2. Exact name of the Corporation		
000139338	Bethel Realty & Development, Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
3 Poisson Street	Cumberland	RI	02864
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
531390	The sale, management and development of real estate.		
5. State of Incorporation			
RI			

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

President Name: Richard W. Harrington			Vice-President Name: Richard W. Harrington		
Street Address: 3 Poisson Street			Street Address: 3 Poisson Street		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Secretary Name: Richard W. Harrington			Treasurer Name: Richard W. Harrington		
Street Address: 3 Poisson Street			Street Address: 3 Poisson Street		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

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

Director Name: Richard W. Harrington			Director Name:		
Street Address: 3 Poisson Street			Street Address:		
City: Cumberland	State: RI	Zip: 02864	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 ☐

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

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	.01

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
Richard W. Harrington	01-13-2021

Signature of Authorized Representative: Richard W. Harrington

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: 08/2020