



State of Rhode Island

Department of State - Business Services Division

FILED

JUN 22 2021

1740

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.

1. Entity ID Number 000864199		2. Exact name of the Corporation Hestia Realty Corporation			
3. Principal Office Address 91 Arnold St			City Providence	State RI	Zip 02906
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Buy Rent lease & sell Real Property			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Beverly Serabian			Vice-President Name		
Street Address 91 Arnold St			Street Address		
City Pro	State RI	Zip 02906	City	State	Zip
Secretary Name Beverly Serabian			Treasurer Name Beverly Serabian		
Street Address 91 Arnold St			Street Address 91 Arnold St		
City Pro	State RI	Zip 02906	City Pro	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Beverly Serabian			Director Name		
Street Address 91 Arnold St			Street Address		
City Pro	State RI	Zip 02906	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	com	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 Beverly Serabian BEVERLY SERABIAN				Date 6/17/2021	
Signature of Authorized Representative Beverly Serabian					

MAIL TO:
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