



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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RI DEPT. OF STATE
BUS SVCS DIV

2023 FEB 3 P 3:00

1. Entity ID Number 94958		2. Exact name of the Corporation BHS REALTY CORPORATION			
3. Principal Office Address 89 Pettaconsett Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To invest in, purchase, manage, develop, own and hold realty.			
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 David A. Soccio			Vice-President Name None.		
Street Address 89 Pettaconsett Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Jon D. Hogberg			Treasurer Name Jon D. Hogberg		
Street Address 89 Pettaconsett Avenue			Street Address 89 Pettaconsett Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		200	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 David A. Soccio, President				Date 1/25/23	
Signature of Authorized Representative 					

FILED

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

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FORM 630 - Revised: 11/2021