RI SOS Filing Number: 202328667150 Date: 2/14/2023 4:00:00 PM

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.

FILED STAMP
FEB 14 2023
BY 5359

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	Vice-President Name
Richard W. Harrington	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	**Treasurer Name**
Richard W. Harrington	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	Director Name
Richard W. Harrington	
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

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
200	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
Richard W. Harrington	02-04-2023

Signature of Authorized Representative

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: 11/2021