RI SOS Filing Number: 202342962840 Date: 11/28/2023 10:17:00 AM

	State of Rhode Island						RECEIVED		
	Department of State - Business Services Div				vision R.I. GEPT OF STATE				
Annual Report for the year: 2023					B	RECEIVED R.I. DEPT. OF STATE BUS SYCS DIF			
→ Filing period: February 1 - May 1									
\rightarrow Fili	ng Fee: \$50.00		נינין	NOT 20	5 A 10	16			
	nalty: Additional \$25.00 fe								
Exact name of the Corporation									
001717855 HVI NK Realty Inc									
3. Princip	pal Office Address	City		State					
2800 E. Sycene Road				Mesquit	e	TX		75181	
l l			on of the character of business conducted in Rhode Island						
53131	Real Estate Holding Company								
5. State	5. State of Incorporation								
Delaw	are	1							
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name				Vice-President Name					
James A. Pearson				Steven A. Lurus					
Street Address 2800 E. Sycene Road				Street Address 2800 E. Sycene Road					
			Zip	City State Zip					
Mesqu	iite	TX	75181	Mesquite				75181	
Socretary Name Steven A. Lurus				Treasurer Name Steven A. Lurus					
Street Address 2800 E. Sycene Road				Street Address 2800 E. Sycene Road					
	Mesquite TX		Zip 75181	City Mesquite		State TX		Zip 75181	
	LL directors (names and ad	ddresses)	Check the box to indicate an attachment						
Director Name James A. Pearson					Orector Name Steven A. Lurus				
Street Address 2800 E. Sycene Road				Street Address 2800 E. Sycene Road City State Zio					
City Mesqui	te	State TX	75181	City Mesquite	city Mesquite			Zip 75181	
Director N	lame	<u> </u>	<u></u>	Director Na	ame			<u> </u>	
Street Acdress				Street Address					
City	City State		Zip	City		State Zip		Izio	
,			2.5	(5,11)		Siate		[]	
9. Shares Authorized 10. Shares Is									
	rmation is currently of recore	rd in the	NUMBER OF S	HARFS	CLASS/SERIES	<u></u>	Τ	PAR VALUE	
			100		Α		\$1.00		
Changes require an additional filing.									
11. This	report must be executed o	n behalf of the cor	poration by an au	thorized reg	presentative. If the corpo	ration is	in the hand	Is of a re-	
ceiver or	r trustee, this report must b	e executed on bel	half of the corpora	tion by the	rece ver 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		
Steven A. Lurus					11/21/23				
Signature of Authorized Representative									
Steven Linus 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 NOV 28 2023 NOV EACH

FORM 630 Revised: 04/2023