



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

→ Filing period: February 1 - May 1

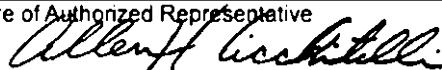
→ Filing Fee: \$50.00

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

STFILED

MAR 04 2024

BY 1526  
00

1. Entity ID Number <b>40979</b>		2. Exact name of the Corporation <b>H.E.A. REALTY ASSOCIATES, INC.</b>			
3. Principal Office Address <b>1478 Atwood Avenue Suite 211</b>		City <b>Johnston</b>		State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>531110</b>		6. Brief description of the character of business conducted in Rhode Island <b>to own, hold, improve, develop and manage any and all real estate</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Allen H. Cicchitelli</b>			Vice-President Name <b>Allen H. Cicchitelli</b>		
Street Address <b>1478 Atwood Avenue Suite 211</b>			Street Address <b>1478 Atwood Avenue Suite 211</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>300</b>		<b>Common</b>	<b>No Par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Allen H. Cicchitelli, President</b>					Date <b>2/24/24</b>
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