



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.

REC'D RIDGUS BSD
24 APR 29 PM 12:51:21

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000070260	2. Exact name of the Corporation Hunt Realty, Inc
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3. Principal Office Address 111 John Street	City Lincoln	State RI	Zip 02865
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4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island Lessor of Rental Property, Residential, and Other Property.
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 Frederick G. Kilsey			Vice-President Name Frederick G. Kilsey		
Street Address 111 John Street			Street Address 111 John Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State	Zip 02865
Secretary Name Frederick G. Kilsey			Treasurer Name Frederick G. Kilsey		
Street Address 111 John Street			Street Address 111 John Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.	200.00	Common
		Common

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 Frederick G. Kilsey	Date 4/1/24
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Signature of Authorized Representative <i>Frederick G. Kilsey</i>
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FILED
APR 29 2024
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY _____