



State of Rhode Island
Department of State - Business Services Division

REC'D RHODE ISLAND
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CLERK OF STATE

Annual Report for the year: 2025
Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 006542517		2. Exact name of the Corporation HCS Realty Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable purposes			
4. NAICS Code 611110					
6. Principal Office Address 42 Lexington Ave.		City Providence		State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jonathan Hayes			Vice-President Name Linda Cohen		
Street Address 1 Bradford St.			Street Address 10 Exchange Court #601		
City Bristol	State RI	Zip 02809	City Pawtucket	State RI	Zip 02860
Secretary Name Rosemary Medle			Treasurer Name John Lombardo		
Street Address 97 Highland Ave			Street Address 105 Mollie Dr		
City Warwick	State RI	Zip 02886	City CRASTON	State RI	Zip 02921
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Carlson			Director Name ERIC MACK		
Street Address 130 Rumstick RI			Street Address 41 Seaward Drive		
City Burrington	State RI	Zip 02806	City FALL RIVER	State MA	Zip 02720
Director Name John Kelly			Director Name		
Street Address 21 PARKSIDE DR.			Street Address		
City CRASTON	State RI	Zip 02910	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Frank Picciotti					Date 1-28-25
Signature of Officer/Authorized Representative <i>Frank Picciotti</i>					

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

FILED 9:02

JAN 29 2025

FORM 631- Revised 12/2023

CBV BY EQSTF