



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

REC'D
25 JAN 2025 9:03:03
SECRETARY OF STATE

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 61110			
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 Cranston
			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 Rd		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 Cranston	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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
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 9:01

JAN 29 2025

BY EAST