



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIELD

JAN 31 2025 STAMP  
BY 6316 FOR SECRETARY OF STATE  
USE ONLY

1. Entity ID Number 000139338		2. Exact name of the Corporation Bethel Realty & Development, Inc.	
3. Principal Office Address 3 Poisson Street		City Cumberland	State RI
		Zip 02864	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island The sale, management and development of real estate.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Richard W. Harrington		Vice-President Name Richard W. Harrington	
Street Address 3 Poisson Street		Street Address 3 Poisson Street	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name Richard W. Harrington		Treasurer Name Richard W. Harrington	
Street Address 3 Poisson Street		Street Address 3 Poisson Street	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Richard W. Harrington		Director Name	
Street Address 3 Poisson Street		Street Address	
City Cumberland	State RI	City	State
Zip 02864		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <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	
200		Common	
		No Par	
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 Richard W. Harrington		Date 01-28-2025	
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