RI SOS Filing Number: 202564510050 Date: 2/5/2025 4:00:00 PM

r Corporation	

## State of Rhode Island

## Department of State - Busine'ss Services Division

<b>Annual</b>	Report for	the	year:
Corpora	ation		

2025

Filing period: February 1 - May 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	fee if form is not filed by May 31.								
1. Entity ID Number	2. Exact name of	f the Corporation	<u> </u>	2 2		<del></del>			
000064199	Hestia Realty Corporation								
3. Principal Office Address	. 1 61	•	10.0		1-1-1-		Zip		
	old Stre			vidence		I	02906		
4. NAICS Code									
53(110	10 0	u 0 ,	t	A	_ •	<del></del>			
5. State of Incorporation	By, Sell, Rent, leasen real property								
7. List ALL officers (names and add	resses) Check the box to indicate an attachment 🖵								
President Name			Vice-Presid		10	<u> </u>	<u> </u>		
Beverly Se	erabian	•	1Stroot Adds	nee .					
Street Address 91 Avnúl	Pl Arnold Street Street Address								
city Providence	State	Zip 02906	City		State		Zip		
Secretary Name	^		Treasurer N	beverly Sera	hia	$\overline{}$			
Cironi Addroce	Beverly Serabium  reet Address 91 Arnold Street			Street Address					
City To a control of the control of	ICHOIA	Tzin	City		State	rjeci	7in		
Providence	State	2ip 02906	City	Prov	R	7_	Zip 02906		
<ol><li>List ALL directors (names and ad</li></ol>			Triangler No.	Check the box	to indic	cate an atta	chment 🗀		
Director Name Beverly	Serabi	ian	Director Name						
Street Address 91 AvnJ	d S+		Street Addr	ess					
city Providence		2ip 02-406	City		State		Zip		
Oirector Name				Director Name					
Street Address			Street Address						
City	State	Zip	City		State		Zip		
9. Shares Authorized		10. Shares Issue	Т	Check the bo	x to ind	icate an att	achment 🔲		
This information is currently of recor					PAR VALUE				
Department of State.		1000		Commor	<u> </u>	No	No Raiz		
Changes require an additional filing.	<b>3</b> .						·		
11. This report must be executed or					ation is	in the hand	s of a re-		
ceiver 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  Date									
					1/30/2025				
Boverly SERABIAN  1/30/2025  Signature of Authorized Representative									
1 'L /	1 ( )								

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov