



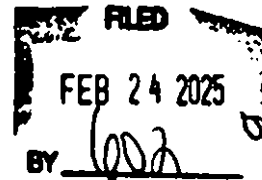
State of Rhode Island
Department of State - Business Services Division

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.



1. Entity ID Number 13942		2. Exact name of the Corporation Exeter General, INC.	
3. Principal Office Address 45 Industrial Dr.		City Exeter	State R.I.
		Zip 02822	
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island INDUSTRIAL RENTAL OF REAL ESTATE		
5. State of Incorporation R.I.			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Roblee T. Hone		Vice-President Name Roblee T. Hone	
Street Address 7 F State St.		Street Address 7 F State St.	
City North Kingstown	State R.I.	City North Kingstown	State R.I.
Zip 02852		Zip 02852	
Secretary Name Roblee T. Hone		Treasurer Name Roblee T. Hone	
Street Address 7 F State St.		Street Address 7 F State St.	
City North Kingstown	State R.I.	City North Kingstown	State R.I.
Zip 02852		Zip 02852	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Roblee T. Hone		Director Name	
Street Address 7 F State St.		Street Address	
City North Kingstown	State R.I.	City	State
Zip 02852		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		600	Common
			0.00
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 Roblee T. Hone			Date 2/18/25
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