



State of Rhode Island
Department of State - Business Services Division

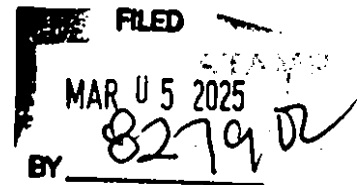
Annual Report for the year: 2025

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 <u>14226</u>		2. Exact name of the Corporation <u>HAMILTON REALTY Co.</u>	
3. Principal Office Address <u>729 CENTRAL AVE.</u>		City <u>JOHNSTON</u>	State <u>R.I</u>
		Zip <u>02919</u>	
4. NAICS Code <u>531110</u>	6. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u>		
5. State of Incorporation <u>RHODE ISLAND</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>GERA LEE DISANTO</u>		Vice-President Name <u>GERA LEE DISANTO</u>	
Street Address <u>729 CENTRAL AVE.</u>		Street Address <u>729 CENTRAL AVE.</u>	
City <u>JOHNSTON</u>	State <u>R.I</u>	City <u>JOHNSTON</u>	State <u>R.I</u>
Zip <u>02919</u>		Zip <u>02919</u>	
Secretary Name <u>GERA LEE DISANTO</u>		Treasurer Name <u>GERA LEE DISANTO</u>	
Street Address <u>729 CENTRAL AVE.</u>		Street Address <u>729 CENTRAL AVE.</u>	
City <u>JOHNSTON</u>	State <u>R.I</u>	City <u>JOHNSTON</u>	State <u>R.I</u>
Zip <u>02919</u>		Zip <u>02919</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>GERA LEE DISANTO</u>		Director Name	
Street Address <u>729 CENTRAL AVE.</u>		Street Address	
City <u>JOHNSTON</u>	State <u>R.I</u>	City	State
Zip <u>02919</u>		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 PAR VALUE	
Changes require an additional filing.		<u>100 Common No Par Value</u>	
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 <u>Gera Lee DiSanto</u>		Date <u>2/25/25</u>	
Signature of Authorized Representative <u>Gera Lee DiSanto</u>			

MAIL TO:

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