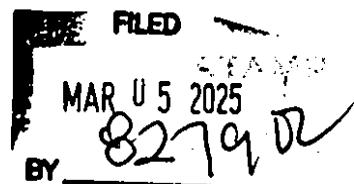




State of Rhode Island
Department of State - Business Services Division

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			
5. State of Incorporation <u>RHODE ISLAND</u>		<u>REAL ESTATE</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>	Zip <u>02919</u>	City <u>JOHNSTON</u>	State <u>R.I.</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>	Zip <u>02919</u>	City <u>JOHNSTON</u>	State <u>R.I.</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>	Zip <u>02919</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			<u>100 Common</u>		<u>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