



**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.

**FILED**  
 APR 14 2025  
 BY 5769

|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                        |                                                                                                                     |                        |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><u>155584</u>                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | 2. Exact name of the Corporation<br><u>Real Handy Inc</u>                                              |                                                                                                                     |                        |                     |
| 3. Principal Office Address<br><u>50 Masasoit Drive</u>                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                        | City<br><u>Warwick</u>                                                                                              | State<br><u>RI</u>     | Zip<br><u>02888</u> |
| 4. NAICS Code<br><u>238990</u>                                                                                                                                                                                                                                                                                                                                                                                                                            |                    | 6. Brief description of the character of business conducted in Rhode Island<br><u>Handyman service</u> |                                                                                                                     |                        |                     |
| 5. State of Incorporation<br><u>Rhode Island</u>                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                        |                                                                                                                     |                        |                     |
| 7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                              |                    |                                                                                                        |                                                                                                                     |                        |                     |
| President Name<br><u>George Matthew Kelley</u>                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                                        | Vice-President Name                                                                                                 |                        |                     |
| Street Address<br><u>70 Benbridge Ave</u>                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                                        | Street Address                                                                                                      |                        |                     |
| City<br><u>Warwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                    | State<br><u>RI</u> | Zip<br><u>02888</u>                                                                                    | City                                                                                                                | State                  | Zip                 |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                                        | Treasurer Name                                                                                                      |                        |                     |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                                        | Street Address                                                                                                      |                        |                     |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State              | Zip                                                                                                    | City                                                                                                                | State                  | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                             |                    |                                                                                                        |                                                                                                                     |                        |                     |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                        | Director Name                                                                                                       |                        |                     |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                                        | Street Address                                                                                                      |                        |                     |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State              | Zip                                                                                                    | City                                                                                                                | State                  | Zip                 |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                        | Director Name                                                                                                       |                        |                     |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                                        | Street Address                                                                                                      |                        |                     |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State              | Zip                                                                                                    | City                                                                                                                | State                  | 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.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                        | NUMBER OF SHARES                                                                                                    |                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                        | CLASS/SERIES                                                                                                        |                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                        | PAR VALUE                                                                                                           |                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                        |                                                                                                                     |                        |                     |
| 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.<br>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<br><u>George Matthew Kelley</u>                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                                        |                                                                                                                     | Date<br><u>4/10/25</u> |                     |
| Signature of Authorized Representative<br><u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                                        |                                                                                                                     |                        |                     |