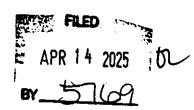
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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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	2. Exact name of	the Corporation					
155584	Real Handy Inc						
3. Principal Office Address			City		State	Zip	
50 Massasoit Drive			War	ick	State	Zip O2866	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island HANDY MAN SERVICE 5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and addresses) President Name Vice-President Name							
George Matthew Kelley Street Address							
Street Address 70 Benbridge Ave			Street Address				
city Warwick	State RI	13888 CD 888	City		State	Zip	
Secretary Name		10000	Treasurer I	Name	1	1	
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ad	Idresses)	1	1	Check the box	to indicate.	an attachment	
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 Issue			x to indicate	an attachment	
This information is currently of recor	d in the	NUMBER OF SI	IARES	CLASS/SERIES		PAR VALUE	
Department of State.		İ					
Changes require an additional filing.						v	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands 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							
Name of Authorized Representative George Matthew Kelley Signature of Authorized Representative							
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