



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D
15 OCT 27 PM 12:14:43
STAMP
FOR
CLERK OF STATE
USE ONLY

1. Entity ID Number 001076292		2. Exact name of the Corporation Hercules Realty Inc.			
3. Principal Office Address 134 Turner Avenue		City Cranston		State RI	Zip 02920
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island Real estate residential leasing company				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Thomas Bovis			Vice-President Name Lauren Lynch		
Street Address 631 Pontiac Avenue			Street Address 134 Turner Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02920
Secretary Name Lauren Lynch			Treasurer Name Thomas Bovis		
Street Address 134 Turner Avenue			Street Address 631 Pontiac Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 29010
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Thomas Bovis			Director Name		
Street Address 631 Pontiac Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES		CLASS/SERIALS	
		None		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. 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 Thomas Bovis				Date 10/24/2025	
Signature of Authorized Representative 				FILED	

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

OCT 27 2025
BY
FORM 633 Revised 12/2023