

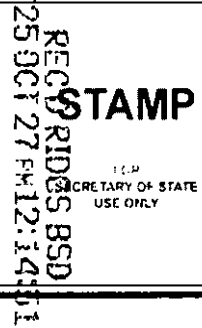


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

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 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					10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES				CASS/SERIES	PAR VAL JF
		None					
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 							

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

FILED
OCT 27 2025
BY
FORM 630- Revised 12/2023