



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

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

STAMP

FOR
SECRETARY OF STATE
USE ONLY

REC'D RIDOS BSD
OCT 27 PM 12:14:45

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	City Cranston	State RI
Zip 02910		Zip 02920	
Secretary Name Lauren Lynch		Treasurer Name Thomas Bovis	
Street Address 134 Turner Avenue		Street Address 631 Pontiac Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02920		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	City	State
Zip 02910		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		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		FILED	
		OCT 27 2025	

MAIL TO:

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

BY *[Signature]*
FORM 630- Revised: 12/2023