State of Rhode Island
Department of State - Business Services Division

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FOR SECRETARY OF STATE USE ONLY

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.

1. Entity ID Number	2. Exact name of the Corporation			
001076292	Hercules Realty Inc.			
3. Principal Office Address		City	State	Zip
134 Turner Avenue		Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	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	Street Address	City	State	Zip
Thomas Bovis	631 Pontiac Avenue	Cranston	RI	02910
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
Lauren Lynch	134 Turner Avenue	Cranston	RI	02920
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Lauren Lynch	134 Turner Avenue	Cranston	RI	02920
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Thomas Bovis	631 Pontiac Avenue	Cranston	RI	29010

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Thomas Bovis	631 Pontiac Avenue	Cranston	RI	02910
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized

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/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	Date
Thomas Bovis	10/24/2025

Signature of Authorized Representative

FILED
OCT 27 2025
BY

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