



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 73712		2. Name of Corporation JIRA REALTY INC.			
3. Street Address Principal Business Office 361 NEPTUNE AVENUE			City NORTH BABYLON	State NY	Zip 11704
4. Business Phone No. 516-661-8300		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND MANAGE REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT DEVINE			Vice President Name JAMES B. GLEN		
Street Address 28 MAPLE AVENUE			Street Address 43 ANCHOR DRIVE		
City BAYSHORE	State NY	Zip 11706	City MASSAPEGUA	State NY	Zip 11758
Secretary Name HOWARD GOLDSMITH			Treasurer Name JOAN E. FLAXMAN		
Street Address 71 WOODLAND DRIVE, SOUTH			Street Address 200 STERLING ROAD		
City SOUTH KINGSTOWN	State RI	Zip 02879	City HARRISON	State NY	Zip 10528
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBERT DEVINE/STUART PIVAR			Director Name JAMES B. GLEN		
Street Address 28 MAPLE AVENUE/15 W. 67TH STREET			Street Address 43 ANCHOR DRIVE		
City BAYSHORE	State NY	Zip 11706	City HARRISON	State NY	Zip 10528
Director Name HOWARD GOLDSMITH			Director Name JOAN E. FLAXMAN		
Street Address 71 WOODLAND DRIVE, SOUTH			Street Address 200 STERLING ROAD		
City SOUTH KINGSTOWN	State RI	Zip 02879	City HARRISON	State NY	Zip 10528
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000	NO PAR VALUE		500	COMMON	NO PAR
			THIS SECTION MUST BE COMPLETED		

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.

FILED
File Date: **JAN 22 2008**
Check No.: **0737**
By: **[Signature]**
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1/17/08
Signature: **ROBERT DEVINE**
Print or Type Name: **PRESIDENT**
Title