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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.	2. Name of Corporation			
7619	T. J. P. REALTY CORP			
3. Street Address Principal Business Office		City	State	Zip
107 HAY STREET		WEST WARWICK	RI	02893
4. Business Phone No.	5. State of Incorporation			
401- 821- 0800	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ACQUIRE BY PURCHASE OR LEASE AND HOLD, IMPROVE, DEVELOP & MANAGE REAL ESTATE

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
GLEN S PETIT	BRIAN L PETIT
Street Address: 85 CINDY ANN DRIVE	Street Address: 412 SEASIDE DR
City: EAST GREENWICH; State: RI; Zip: 02818	City: JAMESTOWN; State: RI; Zip: 02835
Secretary Name: BRIAN L PETIT	Treasurer Name: BRIAN L PETIT
Street Address: 412 SEASIDE DR	Street Address: 412 SEASIDE DR
City: JAMESTOWN; State: RI; Zip: 02835	City: JAMESTOWN; State: RI; Zip: 02835

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
GLEN S PETIT	BRIAN L PETIT
Street Address: 85 CINDY ANN DR	Street Address: 412 SEASIDE DR
City: EAST GREENWICH; State: RI; Zip: 02818	City: JAMESTOWN; State: RI; Zip: 02835
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
(FIVE HUNRED) 500	COMMON	NO PAR	(FIVE HUNDRED) 500	COMMON	NO PAR

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.

[redacted] [redacted]

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 _____ Date _____

BRIAN L PETIT
Print or Type Name

[redacted] VICE PRESIDENT
Title

Form 630 Rev. 12/06

FILED
File Date _____
Check No. FEB 01 2008
By: By 1953
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