



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.<br>73811                                                                                                       |              | 2. Name of Corporation<br>J & R Properties, Inc. |                                                                     |              |                  |
| 3. Street Address Principal Business Office<br>75 Lambert Lind Highway                                                             |              |                                                  | City<br>Warwick                                                     | State<br>RI  | Zip<br>02886     |
| 4. Business Phone No.<br>401-732-3700                                                                                              |              | 5. State of Incorporation<br>Rhode Island        |                                                                     |              |                  |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Buy, sell, lease and manage real property.          |              |                                                  |                                                                     |              |                  |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |                                                  |                                                                     |              |                  |
| President Name<br>Robert M. Picerne                                                                                                |              |                                                  | Vice President Name<br>David R. Picerne                             |              |                  |
| Street Address<br>75 Lambert Lind Highway                                                                                          |              |                                                  | Street Address<br>75 Lambert Lind Highway                           |              |                  |
| City<br>Warwick                                                                                                                    | State<br>RI  | Zip<br>02886                                     | City<br>Warwick                                                     | State<br>RI  | Zip<br>02886     |
| Secretary Name<br>Robert M. Picerne                                                                                                |              |                                                  | Treasurer Name<br>Robert M. Picerne                                 |              |                  |
| Street Address<br>75 Lambert Lind Highway                                                                                          |              |                                                  | Street Address<br>75 Lambert Lind Highway                           |              |                  |
| City<br>Warwick                                                                                                                    | State<br>RI  | Zip<br>02886                                     | City<br>Warwick                                                     | State<br>RI  | Zip<br>02886     |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |                                                  |                                                                     |              |                  |
| Director Name<br>Robert M. Picerne                                                                                                 |              |                                                  | Director Name<br>David R. Picerne                                   |              |                  |
| Street Address<br>75 Lambert Lind Highway                                                                                          |              |                                                  | Street Address<br>75 Lambert Lind Highway                           |              |                  |
| City<br>Warwick                                                                                                                    | State<br>RI  | Zip<br>02886                                     | City<br>Warwick                                                     | State<br>RI  | Zip<br>02886     |
| Director Name                                                                                                                      |              |                                                  | Director Name                                                       |              |                  |
| Street Address                                                                                                                     |              |                                                  | Street Address                                                      |              |                  |
| City                                                                                                                               | State        | Zip                                              | City                                                                | State        | Zip              |
| 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        |
| 8,000                                                                                                                              | Common       | \$1.00 Par Value                                 | 200                                                                 | Common       | \$1.00 Par Value |
|                                                                                                                                    |              |                                                  |                                                                     |              |                  |

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Stephen J. Carlotti  
Print or Type Name  
Authorized Representative  
Title \_\_\_\_\_

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>MAR 31 2008</b> |
| By                              | <b>DS 194546</b>   |
| FOR SECRETARY OF STATE USE ONLY |                    |