

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

2012

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 7-1.2-150).

1. Corporate ID No. <b>0088777</b>		2. Name of Corporation JMD Realty Inc.				
3. Street Address Principal Business Office 199 Rumstick Road			City Barrington	State RI	2ip 02806-0000	
4. Business Phone No. 5. State of Incorporation RI				—		
Brief Description of the Chara to acquire and leas	acter of Business Conducte e commercial and	d in Rhode Island residential real estate			··-	
		ERS: ("X" BOX FOR ATTA	CHMENT)   FILL IN :	SPACES BEFORE USING	ATTACHMENTS	
esident Name Jose M. Dutra			Vice President Name  Jose M. Dutra			
Street Address 199 Rumstick Road			Street Address 199 Rumstick Road			
Barrington	State RI	02806-	CHy Barrington	State RI	Zip 02806-	
Secretary Name Jose M. Dutra			Treasurer Name Jose M. Dutra			
Street Address 199 Rumstick Road			Street Address 199 Rumstick Road			
<sup>ii)</sup> Barrington	State RI	<sup>Zip</sup> 02806-	City Barrington	State RI	Zip 02806-	
	SSES OF THE DIREC	TORS: ("X" BOX FOR ATT	· —	N SPACES BEFORE USING	 G ATTACHMENTS	
Jose M. Dutra			Director Name none			
Street Address 199 Rumstick Road			Street Address none			
Barrington	State RI	<sup>Zip</sup> <b>02806</b> -	City none	State none	Zip none	
Director Name none		Director Name none				
Street Address none			Street Address none			
none (ity	State none	Zip none	City none	State <b>none</b>	zip none	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			ISSUED SHARES — THIS SE  Number of Shares	CTION MUST BE COMPLETED	Our Males	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				Class/Series	Par Value	
			100	Common	No Par	
			<u> </u>			
his report must be execusis report must be execu-	uted on behalf of the a ted on behalf of the a	corporation by an authorize	d representative. If the cortrustee.	orporation is in the hands	of a receiver or trustee	
<u> </u>						
	New .					
<b>i</b>			including any acco	erjury, I declare and affirm the ompanying schedules and stat		
* 144	1 0 0 0040		contained herein a	re true and correct.		
File DateJAN	1 3 0 2012		Signature		Date 01/02/2	
Check No.			Jose M. Dutra			
Ву:			Print or Type Name President			
FOR SECRETARY OF STATE USE ONLY						