



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000061315		2. Exact name of the Corporation G.L.J. REALTY, INC.			
3. Principal office address 40 BAXTER ST			City WOONSOCKET	State RI	Zip 02895
4. Business Phone No. 401-766-2321			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island REALTY INVESTMENT					
President Name JOHN COCCOLI			Vice-President Name JOHN COCCOLI		
Street Address 40 BAXTER ST			Street Address 40 BAXTER ST		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name JOHN COCCOLI			Treasurer Name JOHN COCCOLI		
Street Address 40 BAXTER ST			Street Address 40 BAXTER ST		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
7. LIST ALL DIRECTORS, OFFICERS AND ADDRESSES IN A BOX FOR EACH OFFICER					
Director Name JOHN COCCOLI			Director Name		
Street Address 40 BAXTER ST			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. SHARES AUTHORIZED					
9. SHARES ISSUED (SEE BOX FOR ATTACHMENT)					
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	COMMON	NO 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.

FILED
 JAN 15 2013
 3447
 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 of Authorized Representative: JOHN COCCOLI Date: 1-11-13
 Print or Type Name of Authorized Representative: PRESIDENT