



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.

2013 FEB 27 PM 12:01
SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID No. 000080918		2. Exact name of the Corporation Jason's Realty Corp.			
3. Principal office address 1145 Main Street, Suite #3		City Pawtucket	State RI	Zip 02860	
4. Business Phone No. (401) 728-1100		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island The acquisition of real estate.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Stefania M. Mardo			Vice-President Name		
Street Address 1145 Main Street, Suite #3			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Stefania M. Mardo			Treasurer Name Stefania M. Mardo		
Street Address 1145 Main Street, Suite #3			Street Address 1145 Main Street, Suite #3		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			196	CNP	\$0.00

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 27 2013

BY 6

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.

Stefania M. Mardo 2/25/13
Signature of Authorized Representative Date

STEFANIA M. MARDO

Print or Type Name of Authorized Representative

5119209228