



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 2014

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. 76068 | | 2. Exact name of the Corporation JJD REALTY INC | | |
| 3. Principal office address 15 ELBOW ST | | City PROVIDENCE | State RI | Zip 02903 |
| 4. Business Phone No. 401-331-6761 | | 5. State of Incorporation RHODE ISLAND | | |
| 6. Brief description of the character of business conducted in Rhode Island RENT LEASE + PURCHASE BUILDINGS + REAL ESTATE | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| President Name John J Dorr | | Vice-President Name John J Dorr | | |
| Street Address 58 DOLPHIN ROAD | | Street Address SAME | | |
| City JAMESTOWN | State RI | Zip 02835 | City | State |
| Secretary Name John J Dorr | | Treasurer Name John J Dorr | | |
| Street Address SAME | | Street Address SAME | | |
| City | State | Zip | City | State |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| Director Name John J Dorr | | Director Name | | |
| Street Address SAME | | Street Address | | |
| City | State | Zip | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 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 |
| | | 100 | 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.

File Date _____

FILED

Check No _____

MAR 12 2014

By: _____

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.

John J Dorr **3-1-2014**
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

BY 1196

John J Dorr President
 Print or Type Name of Authorized Representative