



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

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 _____

By: _____

MAR 12 2014

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BY 1196

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

Date

John J DORR President
Print or Type Name of Authorized Representative