



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 2015

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. 69879		2. Exact name of the Corporation W & J Realty, Inc.			
3. Principal office address 13828 Creston Place		City Wellington		State FL	Zip 33414
4. Business Phone No.		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island The buying, selling, leasing, holding and managing of all kinds of real estate.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Gerald H. Satern			Vice-President Name Gerald H. Satern		
Street Address 13828 Creston Place			Street Address 13828 Creston Place		
City Wellington	State FL	Zip 33414	City Wellington	State FL	Zip 33414
Secretary Name Gerald H. Satern			Treasurer Name Gerald H. Satern		
Street Address 13828 Creston Place			Street Address 13828 Creston Place		
City Wellington	State FL	Zip 33414	City Wellington	State FL	Zip 33414
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Gerald H. Satern			Director Name		
Street Address 13828 Creston Place			Street Address		
City Wellington	State FL	Zip 33414	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) ☐		
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
			200	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.

File Date _____

Check No _____

By _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

MAR 26 2015

BY 26945

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

Gerald H. Satern, President

Print or Type Name of Authorized Representative