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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.	2. Exact name of the Corporation		
000007619	T.J.P. REALTY CORP		
3. Principal office address: 107 HAY STREET	City: WEST WARWICK	State: RI	Zip: 02893
4. Business Phone No.: 401-821-0800	5. State of Incorporation: R.I		
6. Brief description of the character of business conducted in Rhode Island: TO ACQUIRE BY PURCHASE OR LEASE AND HOLD, IMPROVE, DEVELOP AND MANAGE SAME.			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

	President	Vice-President	Secretary	Treasurer
Name	GLEN S. PETIT	BRIAN L. PETIT		
Street Address	85 CINDYANN DRIVE	412 SEASIDE DRIVE		
City	EAST GREENWICH	JAMESTOWN		
State	RI	RI		
Zip	02818	02835		

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

	Director	Director	Director	Director
Name	BRIAN L PETIT		GLEN S. PETIT	
Street Address	412 SEASIDE DRIVE		85 CINDY ANN DRIVE	
City	JAMESTOWN		EAST GREENWICH	
State	RI		RI	
Zip	02835		02818	

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
	0	CNP	0

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.

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: 9/24/15

GLEN S PETIT
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date
Check No
By:

FILED
OCT 08 2015
BY

Form No. 630
Revised: 01/2012

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