

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 2016 Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

1. Entity ID No. 72544		2. Exact name of the Corporation J.P.R. Realty, Inc.				
3. Principal office address 89 Sunrise Avenue			City West Warwick	State RI	Zip 02893	
4. Business Phone No. 401-821-5881			5. State of Incorporation Rhode Island			
Brief description of the To own, sell and re	ent real estate	s conducted in Rhode Islan		XX 1		
LIST <u>ALL</u> OFFICERS resident Name Denise Millette		RESSES) ("X" BOX FOR A	Vice-President Name			
Street Address 29 Park Street			Jeanne P. Roch Street Address 89 Sunrise Avenue			
Dity West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893	
Secretary Name Denise Millette			Treasurer Name John Roch			
Street Address 29 Park Street			Street Address 88 Sunrise Avenue			
ity West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893	
LIST ALL DIRECTORS	S (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
irector Name Jeanne P. Roch			Director Name	tr		
treet Address 39 Sunrise Avenue	. ·		Street Address	and the second second		
ity West Warwick	State RI	Zip 02893	City	State	Zip	
rector Name		· · · · · · · · · · · · · · · · · · ·	Director Name			
treet Address	**************************************	- 10.0	Street Address			
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZE	D		10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)	
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	
			1000	Common	None	
his report must be exect		corporation by an authorize st be executed on behalf of			s of a receiver or trustee,	
File Date			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement			
Check No		FILLU	and that all stateme	ents contained herein a	re true and correct. 3-74-76	
Ву:	.	MAR 2 8 2016	Signature of Authoriz	•	Date	
FOR SECRETARY OF S	STATE USE ONLY	2.0	John Roch, Tre			
rm No. 630	Ç.	20	rint or Type Name	of Authorized Representa	ative	

Revised: 01/2012