



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 2017

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. 000007619		2. Exact name of the Corporation T J P REALTY CORPORATION			
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 RHODE ISLAND			
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) <input type="checkbox"/>					
President Name GLEN S PETIT			Vice-President Name BRIAN L PETIT		
Street Address 85 CINDY ANN DRIVE			Street Address 412 SEASIDE DRIVE		
City EAST GREENWICH	State RI	Zip 02818	City JAMESTOWN	State RI	Zip 02835
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name BRIAN L PETIT			Director Name GLEN S PETIT		
Street Address 412 SEASIDE DRIVE			Street Address 85 CINDY ANN DRIVE		
City JAMESTOWN	State RI	Zip 02835	City EAST GREENWICH	State RI	Zip 02818
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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	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.

File Date _____
 Check No _____
 By: _____

FILED

JAN 25 2017

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

BRIAN L PETIT, Vice President

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

BY

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