



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1659320		2. Exact name of the Corporation JARZOMBEC PROPERTIES, INC.			
3. Principal Office Address 132 OLD RIVER ROAD, SUITE 205			City LINCOLN	State RI	Zip 02865
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT AND DEVELOPMENT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name STEVEN JARZOMBEC			Vice-President Name BARBARA JARZOMBEC		
Street Address 174 DIAMOND HILL ROAD			Street Address 174 DIAMOND HILL ROAD		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
Secretary Name BARBARA JARZOMBEC			Treasurer Name STEVEN JARZOMBEC		
Street Address 174 DIAMOND HILL ROAD			Street Address 174 DIAMOND HILL ROAD		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name STEVEN JARZOMBEC			Director Name BARBARA JARZOMBEC		
Street Address 174 DIAMOND HILL ROAD			Street Address 174 DIAMOND HILL ROAD		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10,000	COMMON	NO PAR
11. 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.					
Name of Authorized Representative STEVEN JARZOMBEC, PRESIDENT					Date 3/24/18
Signature of Authorized Representative <i>Steven Jarzombek</i>					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017