



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

APR 09 2018

BY 1270

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 73712		2. Exact name of the Corporation JIRA REALTY INC.			
3. Principal Office Address 261 NEPTUNE AVENUE			City NORTH BABYLON	State NY	Zip 11704
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island TO OWN AND MANAGE REAL ESTATE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT DEVINE			Vice-President Name JAMES B. GLEN		
Street Address 128 WATERS EDGE			Street Address 131 ROUND SWAMP ROAD		
City JUPITER	State FL	Zip 33477	City WEST HILLS	State NY	Zip 11743
Secretary Name HOWARD GOLDSMITH			Treasurer Name JOAN E. FLAXMAN		
Street Address 71 WOODLAND DRIVE, SOUTH			Street Address 200 STERLING ROAD		
City SOUTH KINGSTOWN	State RI	Zip 02879	City HARRISON	State NY	Zip 10528
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT DEVINE/STUART PIVAR			Director Name JAMES B. GLEN		
Street Address 128 WASTERS EDGE/15 W. 67TH STREET			Street Address 131 ROUND SWAMP ROAD		
City JUPITER/BAYSHORE	State FL/NY	Zip 33477	City WEST HILLS	State NY	Zip 11743
Director Name HOWARD GOLDSMITH			Director Name JOAN E. FLAXMAN		
Street Address 71 WOODLAND DRIVE, SOUTH			Street Address 200 STERLING ROAD		
City SOUTH KINGSTOWN	State RI	Zip 02879	City HARRISON	State NY	Zip 10528
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SER.FS	PAR VALUE
		500		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 ROBERT DEVINE					Date 4/4/18
Signature of Authorized Representative <div style="text-align: center;">SIGN DOCUMENT HERE</div>					

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